

1400 Coliseum Blvd. 36110-2400 ■ Post Office Box 301463 Montgomery, Alabama 36130-1463 (334) 271-7700 FAX (334) 271-7950

JUL 0 1 2015

David Brand, Maintenance Superintendent Favette County Board Of Education P O BOX 686 Fayette, AL 35555

RE:

Draft Permit

NPDES Permit No. AL0051322 Hubbertville School WWTP Fayette County, Alabama

Dear Mr. Brand:

Transmitted herein is a draft of the referenced permit.

We would appreciate your comments on the permit within 30 days of the date of this letter. Please direct any comments of a technical or administrative nature to the undersigned.

By copy of this letter and the draft permit, we are also requesting comments within the same time frame from EPA.

Please be aware that, if you are not already participating in the Department's web-based electronic environmental (E2) Reporting System Program for submittal of discharge monitoring reports (DMRs), Part I.C.1.c of your permit will require you to apply for participation in the E2 Program within 180 days of the effective date of the permit unless valid justification as to why you cannot participate is submitted in writing. The E2 Program allows ADEM to electronically validate, acknowledge receipt, and upload data to the state's central wastewater database. This improves the accuracy of reported compliance data and reduces costs to both the regulated community and ADEM. The Permittee Participation Package may be downloaded online at https://e2.adem.alabama.gov/npdes or you may obtain a hard copy by submitting a written request or by emailing e2admin@adem.alabama.gov.

The Alabama Department of Environmental Management encourages you to voluntarily consider pollution prevention practices and alternatives at your facility. Pollution Prevention may assist you in complying with effluent limitations. and possibly reduce or eliminate monitoring requirements.

Should you have any questions, please contact the undersigned at (334) 271-7811.

Sincerely.

Nicholas Lowe Municipal Section Water Division

/mfc Enclosure

cc: Environmental Protection Agency Email

> Ms. Elaine Snyder/U.S. Fish and Wildlife Service Ms. Elizabeth Brown/Alabama Historical Commission

Islas Sowe

Advisory Council on Historic Preservation

Department of Conservation and Natural Resources







### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

| PERMITTEE:                                                     | FAYETTE COUNTY BOARD OF EDUCATION<br>P O BOX 686<br>FAYETTE, ALABAMA 35555                                                                                                                                                                             |                                                                                  |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| FACILITY LOCATION:                                             | HUBBERTVILLE SCHOOL WWTP<br>7360 COUNTY ROAD 49<br>HUBBERTVILLE, ALABAMA<br>FAYETTE COUNTY                                                                                                                                                             | (0.012) MGD                                                                      |
| PERMIT NUMBER:                                                 | AL0051322                                                                                                                                                                                                                                              |                                                                                  |
| RECEIVING WATERS:                                              | UNNAMED TRIBUTARY TO SIPSEY RIVER                                                                                                                                                                                                                      |                                                                                  |
| "FWPCA"), the Alabama Water (<br>Alabama Environmental Managen | o the provisions of the Federal Water Pollution Control Act, Pollution Control Act, as amended, Code of Alabama 1975, §§ nent Act, as amended, Code of Alabama 1975, §§22-22A-1 to 22-the terms and conditions set forth in this permit, the Permittee | 22-22-1 to 22-22-14 (the "AWPCA"), the 22A-15, and rules and regulations adopted |
| ISSUANCE DATE:                                                 |                                                                                                                                                                                                                                                        |                                                                                  |
| EFFECTIVE DATE:                                                |                                                                                                                                                                                                                                                        |                                                                                  |
| EXPIRATION DATE:                                               |                                                                                                                                                                                                                                                        |                                                                                  |
|                                                                |                                                                                                                                                                                                                                                        |                                                                                  |
|                                                                |                                                                                                                                                                                                                                                        |                                                                                  |

### MUNICIPAL SECTION NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMIT

### TABLE OF CONTENTS

| PART :   | I DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS                 | 4   |
|----------|-----------------------------------------------------------------------|-----|
| A.       | DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS                     | 4   |
| 1.       | Outfall 0011 Discharge Limits                                         |     |
| 2.       | Outfall 0011 Discharge Limits (continued)                             |     |
| B.       | DISCHARGE MONITORING AND RECORD KEEPING REQUIREMENTS                  | 6   |
| 1.       | Representative Sampling                                               | 6   |
| 2.       | Measurement Frequency                                                 |     |
| 3.       | Test Procedures                                                       |     |
| 4.       | Recording of Results                                                  |     |
| 5.       | Records Retention and Production                                      |     |
| 6.       | Reduction, Suspension or Termination of Monitoring and/or Reporting   | 7   |
| 7.       | Monitoring Equipment and Instrumentation                              | 7   |
| C.       | DISCHARGE REPORTING REQUIREMENTS                                      | 7   |
| 1.       | Reporting of Monitoring Requirements                                  |     |
| 2.       | Noncompliance Notification                                            | 9   |
| D.       | OTHER REPORTING AND NOTIFICATION REQUIREMENTS                         |     |
| 1.       | Anticipated Noncompliance                                             |     |
| 2.       | Termination of Discharge                                              |     |
| 3.       | Updating Information                                                  |     |
| _ 4.     | Duty to Provide Information                                           |     |
| Е.       | SCHEDULE OF COMPLIANCE                                                | I I |
| 1.       | Compliance with discharge limits                                      |     |
| 2.       | Schedule                                                              | 11  |
| PART     | II OTHER REQUIREMENTS, RESPONSIBILITIES, AND DUTIES                   | 12  |
| Α.       | OPERATIONAL AND MANAGEMENT REQUIREMENTS                               | 12  |
| 1.       | Facilities Operation and Maintenance                                  |     |
| 2.       | Best Management Practices                                             |     |
| 3.       | · · · · · · · · · · · · · · · · · · ·                                 |     |
| B.       | OTHER RESPONSIBILITIES                                                | 12  |
| 1.       | Duty to Mitigate Adverse Impacts                                      | 12  |
| 2.       |                                                                       | 12  |
| C.       | BYPASS AND UPSET                                                      |     |
| 1.       | - 7 r                                                                 |     |
| 2.       |                                                                       |     |
| D.       | DUTY TO COMPLY WITH PERMIT, RULES, AND STATUTES                       |     |
| 1.       | Duty to Comply                                                        |     |
| 2.       | Removed Substances                                                    |     |
| 3.       | Loss or Failure of Treatment Facilities                               |     |
| 4.       |                                                                       |     |
| E.       | PERMIT TRANSFER, MODIFICATION, SUSPENSION, REVOCATION, AND REISSUANCE |     |
| 1.       | Duty to Reapply or Notify of Intent to Cease Discharge                |     |
| 2.       | Change in Discharge                                                   |     |
| 3.       | Transfer of Permit                                                    |     |
| 4.       | Termination                                                           |     |
| 5.       | Suspension                                                            |     |
| 6.<br>7. | Suspension Stay                                                       |     |
|          | COMPLIANCE WITH TOXIC POLLUTANT STANDARD OR PROHIBITION               |     |
| F.       | NOTICE TO DIRECTOR OF INDUSTRIAL USERS                                |     |
| G.<br>H. | PROHIBITIONS                                                          |     |
|          |                                                                       |     |
| PART     | III ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS              | 18  |

| Α.                           | CIVIL AND CRIMINAL LIABILITY                                                                                                                                                                          | 18             |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| I.                           |                                                                                                                                                                                                       |                |
| 2.                           | False Statements                                                                                                                                                                                      | 18             |
| 3.                           | Permit Enforcement                                                                                                                                                                                    | 18             |
| 4.                           | Relief from Liability                                                                                                                                                                                 | 18             |
| B.                           | OIL AND HAZARDOUS SUBSTANCE LIABILITY                                                                                                                                                                 | 18             |
| C.                           | PROPERTY AND OTHER RIGHTS                                                                                                                                                                             | 18             |
| D.                           | AVAILABILITY OF REPORTS                                                                                                                                                                               | 19             |
| E.                           | EXPIRATION OF PERMITS FOR NEW OR INCREASED DISCHARGES                                                                                                                                                 | 19             |
| F.                           | COMPLIANCE WITH WATER QUALITY STANDARDS                                                                                                                                                               | 19             |
| G.                           | GROUNDWATER                                                                                                                                                                                           | 19             |
|                              |                                                                                                                                                                                                       |                |
| H.                           | DEFINITIONS                                                                                                                                                                                           | 20             |
| H.<br>I.                     | DEFINITIONSSEVERABILITY                                                                                                                                                                               |                |
|                              | SEVERABILITY                                                                                                                                                                                          | 22             |
| I.                           | SEVERABILITY                                                                                                                                                                                          | 22             |
| I. PART                      | SEVERABILITY  IV SPECIFIC REQUIREMENTS, CONDITIONS, AND LIMITATIONS  SLUDGE MANAGEMENT PRACTICES                                                                                                      | 2223           |
| I. PART A.                   | SEVERABILITY                                                                                                                                                                                          | 232323         |
| I.  PART  A.  1.             | SEVERABILITY  IV SPECIFIC REQUIREMENTS, CONDITIONS, AND LIMITATIONS  SLUDGE MANAGEMENT PRACTICES  Applicability  Submitting Information  Reopener or Modification                                     | 2223232323     |
| I. <b>PART</b> A. 1. 2.      | SEVERABILITY  IV SPECIFIC REQUIREMENTS, CONDITIONS, AND LIMITATIONS  SLUDGE MANAGEMENT PRACTICES  Applicability  Submitting Information                                                               | 2223232323     |
| I.  PART  A.  1. 2. 3.       | SEVERABILITY  IV SPECIFIC REQUIREMENTS, CONDITIONS, AND LIMITATIONS  SLUDGE MANAGEMENT PRACTICES  Applicability  Submitting Information  Reopener or Modification                                     | 222323232323   |
| I.  PART  A.  1.  2.  3.  B. | SEVERABILITY  IV SPECIFIC REQUIREMENTS, CONDITIONS, AND LIMITATIONS  SLUDGE MANAGEMENT PRACTICES  Applicability  Submitting Information  Reopener or Modification  EFFLUENT TOXICITY TESTING REOPENER | 22232323232323 |

ATTACHMENT: FORM 421

NON-COMPLIANCE NOTIFICATION FORM

### **PART I**

# DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS

# A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS

## Outfall 0011 Discharge Limits

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 0011, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

|                                                         |                   |                                       | Disch          | Discharge Limitations* | IS*              |                  |                                         |                           | Monitoring Requirements** | quirements**                    |                                       |
|---------------------------------------------------------|-------------------|---------------------------------------|----------------|------------------------|------------------|------------------|-----------------------------------------|---------------------------|---------------------------|---------------------------------|---------------------------------------|
| Parameter                                               | Monthly           | Weekly                                | Monthly        | Weekly                 | Daily<br>Minimum | Daily<br>Maximum | Percent<br>Removal                      | (1)<br>Sample<br>Location | (2)<br>Sample Type        | (3)<br>Measurement<br>Frequency | (4)<br>Seasonal                       |
| Oxygen, Dissolved (DO)<br>00300 1 0 0                   | * * * * * *       | *                                     | * * * *        | **                     | 6.0<br>mg/l      | * * *            | * * * * * * * * * * * * * * * * * * * * | ш                         | GRAB                      | it.                             | * * * * * * *                         |
| pH<br>00400 1 0 0                                       | * * * *           | **                                    | ***            | * * * *                | 6.0<br>S.U.      | 8.5<br>S.U.      | * * * * *                               | ш                         | GRAB                      | ĹŦ.                             | * * * * * *                           |
| Solids, Total Suspended 00530 1 0 0                     | 3.0<br>lbs/day    | 4.5<br>lbs/day                        | 30.0<br>mg/l   | 45.0<br>mg/l           | * * * *          | * * * *          | ***                                     | ш                         | COMP-8                    | LT.                             | * * * *                               |
| Solids, Total Suspended<br>00530 G 0 0                  | REPORT<br>lbs/day | REPORT<br>lbs/day                     | REPORT<br>mg/l | REPORT<br>mg/l         | * * * * *        | * * * *          | * * * * *                               | _                         | COMP-8                    | ഥ                               | * * * * *                             |
| Nitrogen, Ammonia Total (As N)<br>00610 1 0 0           | 0.25<br>lbs/day   | 0.38<br>lbs/day                       | 2.5<br>mg/l    | 3.75<br>mg/l           | * * * *          | * * * * *        | ****                                    | ш                         | COMP-8                    | i.                              | S                                     |
| Nitrogen, Ammonia Total (As N)<br>00610 1 0 0           | 0.47<br>lbs/day   | 0.70<br>lbs/day                       | 4.7<br>mg/l    | 7.0<br>mg/l            | ***              | ***              | ****                                    | ш                         | COMP-8                    | ĹŦ.                             | ≯                                     |
| Nitrogen, Kjeldahl Total (As N)<br>00625 1 0 0          | REPORT<br>Ibs/day | REPORT<br>lbs/day                     | REPORT<br>mg/l | REPORT<br>mg/l         | ****             | ***              | ***                                     | ш                         | COMP-8                    | Ð                               | S                                     |
| Nitrite Plus Nitrate Total 1 Det. (As N)<br>00630 1 0 0 | REPORT<br>lbs/day | REPORT<br>lbs/day                     | REPORT<br>mg/l | REPORT<br>mg/l         | ***              | ***              | ***                                     | ш                         | COMP-8                    | Ð                               | S                                     |
| Phosphorus, Total (As P)<br>00665 1 0 0                 | REPORT<br>lbs/day | REPORT<br>lbs/day                     | REPORT<br>mg/l | REPORT<br>mg/l         | * * * * *        | ***              | ***                                     | ш                         | COMP-8                    | Ð                               | S                                     |
| Flow, In Conduit or Thru Treatment Plant<br>50050 1 0 0 | REPORT<br>MGD     | * * * * * * * * * * * * * * * * * * * | * * *          | **                     | * * * * *        | REPORT<br>MGD    | **                                      | Э                         | INSTAN                    | i.                              | * * * * * * * * * * * * * * * * * * * |

<sup>\*</sup> See Part II.C.1. (Bypass); Part II.C.2. (Upset)
\*\* Monitoring Requirements

(1) Sample Location

E – Effluent l – Influent

X - End Chlorine Contact Chamber

COMP-8 - 8-Hour Composite COMP24 - 24-Hour Composite GRAB - Grab K - Percent Removal of the Monthly Avg. Influent Concentration

from the Monthly Avg. Effluent Concentration. RS - Receiving Stream

CALCTD - Calculated

(3) Measurement Frequency; See also Part I.B.2. F - 2 days per month G - 1 day per month H - 1 day per quarter A - 7 days per week B - 5 days per week INSTAN - Instantaneous

CONTIN - Continuous

J - Annual C - 3 days per week D - 2 days per week E - 1 day per week

Testing, see Provision IV.B. Q - For Effluent Toxicity

ECS =  $\overline{E}$ . coli Summer (June – September) ECW =  $\overline{E}$ . coli Winter (October – May) W = Winter (November - March) S = Summer (April - October)

(4) Seasonal Limits:

(5) See Part IV.C. for Total Residual Chlorine (TRC). Monitoring for TRC is applicable if chlorine is utilized for disinfection purposes. If monitoring is not applicable during the monitoring period, enter "NODI=9" on the monthly DMR.

### Outfall 0011 Discharge Limits (continued) 7

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 0011, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

|                                          |                    |                                         | Disc               | Discharge Limitations* | ıs∗              |                  |                    |          | Monitoring Requirements** | quirements**       |                 |
|------------------------------------------|--------------------|-----------------------------------------|--------------------|------------------------|------------------|------------------|--------------------|----------|---------------------------|--------------------|-----------------|
| <u>Parameter</u>                         | Monthly<br>Average | Weekly<br>Average                       | Monthly<br>Average | Weekly<br>Average      | Daily<br>Minimum | Daily<br>Maximum | Percent<br>Removal | Sample   | (2)<br>Sample Type        | (3)<br>Measurement | (4)<br>Seasonal |
|                                          |                    | 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 |                    | ,                      |                  |                  | ,,,,               | Location | 4,400                     | Frequency          |                 |
| Chlorine, Total Residual See notes (5,6) | •                  | *                                       | 0.011              |                        |                  | 0.019            | :                  | п        | GKAB                      | <u>.</u>           | :               |
| 50060 1 0 0                              |                    |                                         | mg/l               |                        |                  | mg/l             |                    |          |                           |                    |                 |
| E. Coli                                  | ****               | ****                                    | 126                | ****                   | ****             | 487              | ***                | Э        | GRAB                      | (II,               | ECS             |
| 51040 1 0 0                              |                    |                                         | col/100mL          |                        |                  | col/100mL        |                    |          |                           |                    |                 |
| E. Coli                                  | ****               | ****                                    | 548                | ****                   | ****             | 2507             | ****               | Э        | GRAB                      | ഥ                  | ECW             |
| 51040 1 0 0                              |                    |                                         | col/100mL          |                        |                  | col/100mL        |                    |          |                           |                    |                 |
| BOD, Carbonaceous 05 Day, 20C            | 1.30               | 1.95                                    | 13.0               | 19.5                   | ****             | ****             | ***                | Ε        | COMP-8                    | ഥ                  | S               |
| 80082 1 0 0                              | lbs/day            | lbs/day                                 | mg/l               | mg/l                   |                  |                  |                    |          |                           |                    |                 |
| BOD, Carbonaceous 05 Day, 20C            | 2.50               | 3.75                                    | 25.0               | 37.5                   | ****             | ****             | ***                | Э        | COMP-8                    | Ľ.                 | *               |
| 80082 1 0 0                              | lbs/day            | lbs/day                                 | mg/1               | mg/l                   |                  |                  |                    |          |                           |                    |                 |
| BOD, Carbonaceous 05 Day, 20C            | REPORT             | REPORT                                  | REPORT             | REPORT                 | ****             | ****             | ***                | -        | COMP-8                    | ī                  | * * * * *       |
| 80082 G 0 0                              | lbs/day            | lbs/day                                 | mg/l               | mg/l                   |                  |                  |                    |          |                           |                    |                 |
| BOD, Carb-5 Day, 20 Deg C, Percent Remvl | ****               | ****                                    | ****               | ***                    | ***              | ****             | 85.0%              | ¥        | CALCTD                    | 9                  | * * * *         |
| 80091 K 0 0                              |                    |                                         |                    |                        |                  |                  |                    |          |                           |                    |                 |
| Solids, Suspended Percent Removal        | ****               | ***                                     | ****               | ****                   | ***              | ****             | 85.0%              | ×        | CALCTD                    | 5                  | * * * *         |
| 81011 K 0 0                              |                    |                                         |                    |                        |                  |                  |                    |          |                           |                    |                 |

\* See Part II.C.1. (Bypass); Part II.C.2. (Upset)

\*\* Monitoring Requirements

(1) Sample Location

E – Effluent

K - Percent Removal of the Monthly Avg. Influent Concentration X - End Chlorine Contact Chamber

RS - Receiving Stream

COMP24 - 24-Hour Composite GRAB - Grab COMP-8 - 8-Hour Composite CALCTD - Calculated from the Monthly Avg. Effluent Concentration.

H - 1 day per quarter C - 3 days per week D - 2 days per week E - 1 day per week

J - Annual Q - For Effluent Toxicity Testing, see Provision IV.B.

ECS = E. coli Summer (June – September) ECW = E. coli Winter (October – May)

W = Winter (November – March) S = Summer (April – October) (4) Seasonal Limits

(3) Measurement Frequency: See also Part I.B.2.

F - 2 days per month G - 1 day per month

A - 7 days per week B - 5 days per week

INSTAN - Instantaneous CONTIN - Continuous

(2) Sample Type:

(5) See Part IV.C. for Total Residual Chlorine (TRC). Monitoring for TRC is applicable if chlorine is utilized for disinfection purposes. If monitoring is not applicable during the monitoring period, enter "NODI=9" on the monthly DMR. (6) A measurement of Total Residual Chlorine below 0.05 mg/L shall be considered in compliance with the permit limitations above and should be reported as NODI=B or \*B on the Discharge monitoring reports.

### B. DISCHARGE MONITORING AND RECORD KEEPING REQUIREMENTS

### 1. Representative Sampling

Sample collection and measurement actions shall be representative of the volume and nature of the monitored discharge and shall be in accordance with the provisions of this permit. The effluent sampling point shall be at the nearest accessible location just prior to discharge and after final treatment, unless otherwise specified in the permit.

### Measurement Frequency

Measurement frequency requirements found in Provision I.A. shall mean:

- a. Seven days per week shall mean daily.
- b. Five days per week shall mean any five days of discharge during a calendar weekly period of Sunday through Saturday.
- c. Three days per week shall mean any three days of discharge during a calendar week.
- d. Two days per week shall mean any two days of discharge during a calendar week.
- e. One day per week shall mean any day of discharge during a calendar week.
- f. Two days per month shall mean any two days of discharge during the month that are no less than seven days apart. However, if discharges occur only during one seven-day period in a month, then two days per month shall mean any two days of discharge during that seven day period.
- g. One day per month shall mean any day of discharge during the calendar month.
- h. Quarterly shall mean any day of discharge during each calendar quarter.
- i. The Permittee may increase the frequency of sampling, listed in Provisions I.B.2.a through l.B.2.h; however, all sampling results are to be reported to the Department.

### 3. Test Procedures

For the purpose of reporting and compliance, Permittees shall use one of the following procedures:

- a. For parameters with an EPA established Minimum Level (ML), report the measured value if the analytical result is at or above the ML and report "0" for values below the ML. Test procedures for the analysis of pollutants shall conform to 40 CFR Part 136 and guidelines published pursuant to Section 304(h) of the FWPCA, 33 U.S.C. Section 1314(h). If more than one method for analysis of a substance is approved for use, a method having a minimum level lower than the permit limit shall be used. If the minimum level of all methods is higher than the permit limit, the method having the lowest minimum level shall be used and a report of less than the minimum level shall be reported as zero and will constitute compliance, however should EPA approve a method with a lower minimum level during the term of this permit the Permittee shall use the newly approved method.
- b. For pollutants parameters without an established ML, an interim ML may be utilized. The interim ML shall be calculated as 3.18 times the Method Detection Level (MDL) calculated pursuant to 40 CFR Part 136, Appendix B.
  - Permittees may develop an effluent matrix-specific ML, where an effluent matrix prevents attainment of the established ML. However, a matrix specific ML shall be based upon proper laboratory method and technique. Matrix-specific MLs must be approved by the Department, and may be developed by the Permittee during permit issuance, reissuance, modification, or during compliance schedule.
  - In either case the measured value should be reported if the analytical result is at or above the ML and "0" reported for values below the ML.
- c. For parameters without an EPA established ML, interim ML, or matrix-specific ML, a report of less than the detection limit shall constitute compliance if the detection limit of all analytical methods is higher than the permit limit. For the purpose of calculating a monthly average, "0" shall be used for values reported less than the detection limit.
  - The Minimum Level utilized for procedures a and b above shall be reported on the Permittee's DMR. When an EPA approved test procedure for analysis of a pollutant does not exist, the Director shall approve the procedure to be used.

### 4. Recording of Results

For each measurement or sample taken pursuant to the requirements of this permit, the permittee shall record the following information:

- a. The facility name and location, point source number, date, time and exact place of sampling;
- b. The name(s) of person(s) who obtained the samples or measurements;
- c. The dates and times the analyses were performed;
- d. The name(s) of the person(s) who performed the analyses;
- e. The analytical techniques or methods used, including source of method and method number; and
- f. The results of all required analyses.

### 5. Records Retention and Production

- a. The permittee shall retain records of all monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, copies of all reports required by the permit, and records of all data used to complete the above reports or the application for this permit, for a period of at least three years from the date of the sample measurement, report or application. This period may be extended by request of the Director at any time. If litigation or other enforcement action, under the AWPCA and/or the FWPCA, is ongoing which involves any of the above records, the records shall be kept until the litigation is resolved. Upon the written request of the Director or his designee, the permittee shall provide the Director with a copy of any record required to be retained by this paragraph. Copies of these records should not be submitted unless requested.
- b. All records required to be kept for a period of three years shall be kept at the permitted facility or an alternate location approved by the Department in writing and shall be available for inspection.
- 6. Reduction, Suspension or Termination of Monitoring and/or Reporting
  - a. The Director may, with respect to any point source identified in Provision I.A. of this permit, authorize the permittee to reduce, suspend or terminate the monitoring and/or reporting required by this permit upon the submission of a written request for such reduction, suspension or termination by the permittee, supported by sufficient data which demonstrates to the satisfaction of the Director that the discharge from such point source will continuously meet the discharge limitations specified in Provision I.A. of this permit.
  - b. It remains the responsibility of the permittee to comply with the monitoring and reporting requirements of this permit until written authorization to reduce, suspend or terminate such monitoring and/or reporting is received by the permittee from the Director.
- 7. Monitoring Equipment and Instrumentation

All equipment and instrumentation used to determine compliance with the requirements of this permit shall be installed, maintained, and calibrated in accordance with the manufacturer's instructions or, in the absence of manufacturer's instructions, in accordance with accepted practices. At a minimum, flow measurement devices shall be calibrated at least once every 12 months.

### C. DISCHARGE REPORTING REQUIREMENTS

- 1. Reporting of Monitoring Requirements
  - a. The permittee shall conduct the required monitoring in accordance with the following schedule:
    - (1) MONITORING REQUIRED MORE FREQUENTLY THAN MONTHLY AND MONTHLY shall be conducted during the first full month following the effective date of coverage under this permit and every month thereafter.
    - (2) QUARTERLY MONITORING shall be conducted at least once during each calendar quarter. Calendar quarters are the periods of January through March, April through June, July through September, and October through December. The permittee shall conduct the quarterly monitoring during the first complete calendar quarter following the effective date of this permit and is then required to monitor once during each quarter thereafter. Quarterly monitoring should be reported on the last DMR due for the quarter (i.e. March, June, September and December DMRs).

- (3) SEMIANNUAL MONITORING shall be conducted at least once during the period of January through June and at least once during the period of July through December. The permittee shall conduct the semiannual monitoring during the first complete calendar semiannual period following the effective date of this permit and is then required to monitor once during each semiannual period thereafter. Semiannual monitoring may be done anytime during the semiannual period, unless restricted elsewhere in this permit, but it should be reported on the last DMR due for the month of the semiannual period (i.e. June and December DMRs).
- (4) ANNUAL MONITORING shall be conducted at least once during the period of January through December. The permittee shall conduct the annual monitoring during the first complete calendar annual period following the effective date of this permit and is then required to monitor once during each annual period thereafter. Annual monitoring may be done anytime during the year, unless restricted elsewhere in this permit, but it should be reported on the December DMR.
- The permittee shall submit discharge monitoring reports (DMRs) on the forms approved by the Department and in accordance with the following schedule:
  - (1) **REPORTS OF MORE FREQUENTLY THAN MONTHLY AND MONTHLY TESTING** shall be submitted on a monthly basis. The first report is due on the 28th day of the month following the month the permit becomes effective. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period.
  - (2) **REPORTS OF QUARTERLY TESTING** shall be submitted on a quarterly basis. The first report is due on the 28th day of the month following the month the permit becomes effective. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period.
  - (3) **REPORTS OF SEMIANNUAL TESTING** shall be submitted on a semiannual basis. The reports are due on the 28th day of JANUARY and the 28th day of JULY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period.
  - (4) **REPORTS OF ANNUAL TESTING** shall be submitted on an annual basis. Unless specified elsewhere in the permit, the first report is due on the 28th day of JANUARY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period.
- The Department is utilizing a web-based electronic environmental (E2) DMR reporting system for submittal of DMRs. If the permittee is not already participating in the E2 DMR system, the permittee must apply for participation in the system within 180 days of coverage under this permit unless the facility submits in writing valid justification as to why they cannot participate and the Department approves in writing utilization of hard copy DMR submittals. Once the permittee is enrolled in the E2 DMR system, the permittee must utilize the system for the submittal of DMRs unless otherwise allowed by this permit. To participate in the E2 DMR system, the Permittee Participation Package may be downloaded online at https://e2.adem.alabama.gov/npdes. If the E2 DMR system is down (i.e., electronic submittal of DMR data is unable to be completed due to technical problems originating with the Department's system: this could include entry/submittal issues with an entire set of DMRs or individual parameters), the permittee is not relieved of their obligation to submit DMR data to the Department by the required submittal date. However, if the E2 DMR system is down on the 28th day of the month or is down for an extended period of time as determined by the Department when a DMR is required to be submitted, the facility may submit the data in an alternate manner and format acceptable to the Department. Preapproved alternate acceptable methods include faxing, e-mailing, mailing, or hand-delivery of data such that they are received by the required reporting date. Within five calendar days of the E2 DMR system resuming operation, the permittee shall enter the data into the E2 DMR system, unless an alternate timeframe is approved by the Department. An attachment should be included with the E2 DMR submittal verifying the original submittal date (date of the fax, copy of dated e-mail, or hand-delivery stamped date). If a permittee is allowed to submit via the US Postal Service, the DMR must be legible and bear an original signature. Photo and electronic copies of the signature are not acceptable and shall not satisfy the reporting requirements of this permit. If the permittee, using approved analytical methods as specified in Provision I.B.2, monitors any discharge from a point source for a limited substance identified in Provision I.A of this permit more frequently than required by this permit, the results of such monitoring shall be included in the calculation and reporting of values on the DMR form and the increased frequency shall be indicated on the DMR form. In the event no discharge from a point source identified in Provision I.A of this permit and

described more fully in the permittee's application occurs during a monitoring period, the permittee shall report "No Discharge" for such period on the appropriate DMR form.

d. All reports and forms required to be submitted by this permit, the AWPCA and the Department's Rules and regulations, shall be electronically signed (or, if allowed by the Department, traditionally signed) by a "responsible official" of the permittee as defined in ADEM Administrative Code Rule 335-6-6-.09 or a "duly authorized representative" of such official as defined in ADEM Administrative Code Rule 335-6-6-.09 and shall bear the following certification:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

- e. The permittee may certify in writing that a discharge will not occur for an extended period of time and after such certification shall not be required to submit monitoring reports. Written notification of a planned resumption of discharge shall be submitted at least 30 days prior to resumption of the discharge. If an unplanned resumption of discharge occurs, written notification shall be submitted within 7 days of the resumption. In any case, all discharges shall comply with all provisions of this permit.
- f. All reports and forms required to be submitted by this permit, the AWPCA and the Department's Rules, shall be addressed to:

Alabama Department of Environmental Management Municipal Section, Water Division Post Office Box 301463 Montgomery, Alabama 36130-1463

Certified and Registered Mail shall be addressed to:

Alabama Department of Environmental Management Municipal Section, Water Division 1400 Coliseum Boulevard Montgomery, Alabama 36110-2059

DMRs required to be submitted by this permit shall be addressed to:

Alabama Department of Environmental Management Environmental Data Section, Permits & Services Division Post Office Box 301463 Montgomery, Alabama 36130-1463

- g. If this permit is a re-issuance, then the permittee shall continue to submit DMRs in accordance with the requirements of their previous permit until such time as DMRs are due as discussed in Part I.C.1.b. above.
- Noncompliance Notification
  - a. The Permittee must notify the Department if, for any reason, the Permittee's discharge:
    - (1) Does not comply with any daily minimum or maximum discharge limitation for an effluent characteristic specified in Provision I. A. of this permit which is denoted by an "(X)"
    - (2) Potentially threatens human health or welfare,
    - (3) Threatens fish or aquatic life
    - (4) Causes an in-stream water quality criterion to be exceeded;
    - (5) Does not comply with an applicable toxic pollutant effluent standard or prohibition established under Section 307(a) of the FWPCA, 33 U.S.C. Section 1317(a);
    - (6) Contains a quantity of a hazardous substance that may be harmful to public health or welfare under Section 311(b)(4) of the FWPCA, 33 U.S.C. Section 1321(b)(4);

- (7) Exceeds any discharge limitation for an effluent parameter listed in Part I.A as a result of an unanticipated bypass or upset; or
- (8) Is an unpermitted direct or indirect discharge of a pollutant to a water of the state (Note that unpermitted discharges properly reported to the Department under any other requirement are not required to be reported under this provision)

The Permittee shall orally or electronically report any of the above occurrences, describing the circumstances and potential effects, to the Department within 24-hours after the Permittee becomes aware of the occurrence of such discharge. In addition to the oral or electronic report, the Permittee shall submit a written report to the Director or Designee, as provided in Provision I.C.2.c,no later than five days after becoming aware of the occurrence of such discharge or occurrence.

- b. If for any reason, the Permittee's discharge does not comply with any limitation of this permit, then the Permittee must submit a written report to the Director or Designee, as provided in Provision I.C.2.c below. This report must be submitted with the next Discharge Monitoring Report required to be submitted by Provision I.C.1 of this permit after becoming aware of the occurrence of such noncompliance.
- c. Form 421 must be submitted to the Director or Designee in accordance with Provisions I.C.2a. or b. The completed form must document the following information:
  - (1) A description of the discharge and cause of noncompliance;
  - (2) The period of noncompliance, including exact dates, times, and duration of the noncompliance. If not corrected by the due date of the written report, then the Permittee is to state the anticipated timeframe that is expected to transpire before the noncompliance is resolved; and
  - (3) A description of the steps taken by the Permittee and the steps planned to be taken by the Permittee to reduce or eliminate the noncompliant discharge, including all steps taken to prevent recurrence.

### d. Immediate notification

The permittee shall provide notification to the Director, the public, the county health department, and any other affected entity such as public water systems, as soon as possible upon becoming aware of any notifiable sanitary sewer overflow. The Permittee shall also report notification of the noncompliance event to any other affected entity such as the public.

e. The Permittee shall report SSO and other illicit or anomalous discharge events on Form 415 in accordance with Part I.C.2.a. This form is available on the ADEM web page or upon request from the Permittee.

### D. OTHER REPORTING AND NOTIFICATION REQUIREMENTS

### 1. Anticipated Noncompliance

The permittee shall give the Director written advance notice of any planned changes or other circumstances regarding a facility which may result in noncompliance with permit requirements.

### 2. Termination of Discharge

The permittee shall notify the Director, in writing, when all discharges from any point source(s) identified in Provision I. A. of this permit have permanently ceased. This notification shall serve as sufficient cause for instituting procedures for modification or termination of the permit.

### 3. Updating Information

- a. The permittee shall inform the Director of any change in the permittee's mailing address or telephone number or in the permittee's designation of a facility contact or office having the authority and responsibility to prevent and abate violations of the AWPCA, the Department's Rules and the terms and conditions of this permit, in writing, no later than ten (10) days after such change. Upon request of the Director or his designee, the permittee shall furnish the Director with an update of any information provided in the permit application.
- b. If the permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application or in any report to the Director, it shall promptly submit such facts or information with a written explanation for the mistake and/or omission.

### 4. Duty to Provide Information

The permittee shall furnish to the Director, within a reasonable time, any information which the Director or his designee may request to determine whether cause exists for modifying, revoking and re-issuing, suspending, or terminating this permit, in whole or in part, or to determine compliance with this permit.

### E. SCHEDULE OF COMPLIANCE

### 1. Compliance with discharge limits

The permittee shall achieve compliance with the discharge limitations specified in Provision I. A. in accordance with the following schedule:

COMPLIANCE SHALL BE ATTAINED ON THE EFFECTIVE DATE OF THIS PERMIT

### 2. Schedule

No later than 14 calendar days following a date identified in the above schedule of compliance, the permittee shall submit either a report of progress or, in the case of specific actions being required by identified dates, a written notice of compliance or noncompliance. In the latter case, the notice shall include the cause of noncompliance, any remedial actions taken, and the probability of meeting the next scheduled requirement.

### PART II OTHER REQUIREMENTS, RESPONSIBILITIES, AND DUTIES

### A. OPERATIONAL AND MANAGEMENT REQUIREMENTS

### 1. Facilities Operation and Maintenance

The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of the permit. Proper operation and maintenance includes effective performance, adequate funding, adequate operator staffing and training, and adequate laboratory and process controls, including appropriate quality assurance procedures. This provision requires the operation of backup or auxiliary facilities only when necessary to achieve compliance with the conditions of the permit.

### 2. Best Management Practices

- a. Dilution water shall not be added to achieve compliance with discharge limitations except when the Director or his designee has granted prior written authorization for dilution to meet water quality requirements.
- b. The permittee shall prepare, implement, and maintain a Spill Prevention, Control and Countermeasures (SPCC) Plan in accordance with 40 C.F.R. Section 112 if required thereby.
- c. The permittee shall prepare, submit for approval and implement a Best Management Practices (BMP) Plan for containment of any or all process liquids or solids, in a manner such that these materials do not present a significant potential for discharge, if so required by the Director or his designee. When submitted and approved, the BMP Plan shall become a part of this permit and all requirements of the BMP Plan shall become requirements of this permit.

### 3. Certified Operator

The permittee shall not operate any wastewater treatment plant unless the competency of the operator to operate such plant has been duly certified by the Director pursuant to AWPCA, and meets the requirements specified in ADEM Administrative Code, Rule 335-10-1.

### B. OTHER RESPONSIBILITIES

### 1. Duty to Mitigate Adverse Impacts

The permittee shall promptly take all reasonable steps to mitigate and minimize or prevent any adverse impact on human health or the environment resulting from noncompliance with any discharge limitation specified in Provision I. A. of this permit, including such accelerated or additional monitoring of the discharge and/or the receiving waterbody as necessary to determine the nature and impact of the noncomplying discharge.

### 2. Right of Entry and Inspection

- a. The permittee shall allow the Director, or an authorized representative, upon the presentation of proper credentials and other documents as may be required by law to:
  - (1) Enter upon the permittee's premises where a regulated facility or activity or point source is located or conducted, or where records must be kept under the conditions of the permit;
  - (2) Have access to and copy, at reasonable times, any records that must be kept under the conditions of the permits.
  - (3) Inspect any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under the permit; and
  - (4) Sample or monitor, for the purposes of assuring permit compliance or as otherwise authorized by the AWPCA, any substances or parameters at any location.

### C. BYPASS AND UPSET

### 1. Bypass

- a. Any bypass is prohibited except as provided in b. and c. below:
- b. A bypass is not prohibited if:
  - (1) It does not cause any discharge limitation specified in Provision I. A. of this permit to be exceeded;

- (2) It enters the same receiving stream as the permitted outfall and;
- (3) It is necessary for essential maintenance of a treatment or control facility or system to assure efficient operation of such facility or system.
- c. A bypass is not prohibited and need not meet the discharge limitations specified in Provision I. A. of this permit if:
  - (1) It is unavoidable to prevent loss of life, personal injury, or severe property damage;
  - (2) There are no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime (this condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance); and
  - (3) The permittee submits a written request for authorization to bypass to the Director at least ten (10) days prior to the anticipated bypass (if possible), the permittee is granted such authorization, and the permittee complies with any conditions imposed by the Director to minimize any adverse impact on human health or the environment resulting from the bypass.
- d. The permittee has the burden of establishing that each of the conditions of Provision II. C. 1. b. or c. have been met to qualify for an exception to the general prohibition against bypassing contained in a. and an exemption, where applicable, from the discharge limitations specified in Provision I. A. of this permit.

### 2. Upset

- A discharge which results from an upset need not meet the discharge limitations specified in Provision I. A.
  of this permit if:
  - (1) No later than 24-hours after becoming aware of the occurrence of the upset, the Permittee orally reports the occurrence and circumstances of the upset to the Director or his designee; and
  - (2) No later than five (5) days after becoming aware of the occurrence of the upset, the Permittee furnishes the Director with evidence, including properly signed, contemporaneous operating logs, or other relevant evidence, demonstrating that:
    - (i) An upset occurred;
    - (ii) The Permittee can identify the specific cause(s) of the upset;
    - (iii) The Permittee's facility was being properly operated at the time of the upset; and
    - (iv) The Permittee promptly took all reasonable steps to minimize any adverse impact on human health or the environment resulting from the upset.
- b. The permittee has the burden of establishing that each of the conditions of Provision II C. 2. a. of this permit have been met to qualify for an exemption from the discharge limitations specified in Provision I. A. of this permit.

### D. DUTY TO COMPLY WITH PERMIT, RULES, AND STATUTES

### 1. Duty to Comply

- a. The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the AWPCA and the FWPCA and is grounds for enforcement action, for permit termination, revocation and reissuance, suspension, modification, or denial of a permit renewal application.
- b. The necessity to halt or reduce production or other activities in order to maintain compliance with the conditions of the permit shall not be a defense for a permittee in an enforcement action.
- c. The discharge of a pollutant from a source not specifically identified in the permit application for this permit and not specifically included in the description of an outfall in this permit is not authorized and shall constitute noncompliance with this permit.
- d. The permittee shall take all reasonable steps, including cessation of production or other activities, to minimize or prevent any violation of this permit or to minimize or prevent any adverse impact of any permit violation.

e. Nothing in this permit shall be construed to preclude or negate the Permittee's responsibility to apply for, obtain, or comply with other Federal, State, or Local Government permits, certifications, or licenses or to preclude from obtaining other federal, state, or local approvals, including those applicable to other ADEM programs and regulations.

### 2. Removed Substances

Solids, sludges, filter backwash, or any other pollutant or other waste removed in the course of treatment or control of wastewaters shall be disposed of in a manner that complies with all applicable Department Rules.

### 3. Loss or Failure of Treatment Facilities

Upon the loss or failure of any treatment facilities, including but not limited to the loss or failure of the primary source of power of the treatment facility, the permittee shall, where necessary to maintain compliance with the discharge limitations specified in Provision I. A. of this permit, or any other terms or conditions of this permit, cease, reduce, or otherwise control production and/or all discharges until treatment is restored. If control of discharge during loss or failure of the primary source of power is to be accomplished by means of alternate power sources, standby generators, or retention of inadequately treated effluent, the permittee must furnish to the Director within six months a certification that such control mechanisms have been installed.

### 4. Compliance With Statutes and Rules

- a. This permit has been issued under ADEM Administrative Code, Chapter 335-6-6. All provisions of this chapter, that are applicable to this permit, are hereby made a part of this permit. A copy of this chapter may be obtained for a small charge from the Office of General Counsel, Alabama Department of Environmental Management, 1400 Coliseum Boulevard Montgomery, Alabama 36110-2059.
- b. This permit does not authorize the noncompliance with or violation of any Laws of the State of Alabama or the United States of America or any regulations or rules implementing such laws. FWPCA, 33 U.S.C. Section 1319, and <u>Code of Alabama</u> 1975, Section 22-22-14.

### E. PERMIT TRANSFER, MODIFICATION, SUSPENSION, REVOCATION, AND REISSUANCE

- 1. Duty to Reapply or Notify of Intent to Cease Discharge
  - a. If the permittee intends to continue to discharge beyond the expiration date of this permit, the permittee shall file a complete permit application for reissuance of this permit at least 180 days prior to its expiration. If the permittee does not intend to continue discharge beyond the expiration of this permit, the permittee shall submit written notification of this intent which shall be signed by an individual meeting the signatory requirements for a permit application as set forth in ADEM Administrative Code Rule 335-6-6-.09.
  - b. Failure of the permittee to apply for reissuance at least 180 days prior to permit expiration will void the automatic continuation of the expiring permit provided by ADEM Administrative Code Rule 335-6-6-.06 and should the permit not be reissued for any reason any discharge after expiration of this permit will be an unpermitted discharge.

### 2. Change in Discharge

Prior to any facility expansion, process modification or any significant change in the method of operation of the permittee's treatment works, the permittee shall provide the Director with information concerning the planned expansion, modification or change. The permittee shall apply for a permit modification at least 180 days prior to any facility expansion, process modification, any significant change in the method of operation of the permittee's treatment works or other actions that could result in the discharge of additional pollutants or increase the quantity of a discharged pollutant or could result in an additional discharge point. This condition applies to pollutants that are or that are not subject to discharge limitations in this permit. No new or increased discharge may begin until the Director has authorized it by issuance of a permit modification or a reissued permit.

### 3. Transfer of Permit

This permit may not be transferred or the name of the permittee changed without notice to the Director and subsequent modification or revocation and reissuance of the permit to identify the new permittee and to incorporate any other changes as may be required under the FWPCA or AWPCA. In the case of a change in name, ownership or control of the permittee's premises only, a request for permit modification in a format acceptable to the Director is required at least 30 days prior to the change. In the case of a change in name, ownership or control of the permittee's premises accompanied by a change or proposed change in effluent

characteristics, a complete permit application is required to be submitted to the Director at least 180 days prior to the change. Whenever the Director is notified of a change in name, ownership or control, he may decide not to modify the existing permit and require the submission of a new permit application.

### 4. Permit Modification and Revocation

- a. This permit may be modified or revoked and reissued, in whole or in part, during its term for cause, including but not limited to, the following:
  - (1) If cause for termination under Provision II. E. 5. of this permit exists, the Director may choose to revoke and reissue this permit instead of terminating the permit;
  - (2) If a request to transfer this permit has been received, the Director may decide to revoke and reissue or to modify the permit; or
  - (3) If modification or revocation and reissuance is requested by the permittee and cause exists, the Director may grant the request.
- b. This permit may be modified during its term for cause, including but not limited to, the following:
  - (1) If cause for termination under Provision II. E. 5. of this permit exists, the Director may choose to modify this permit instead of terminating this permit;
  - (2) There are material and substantial alterations or additions to the facility or activity generating wastewater which occurred after permit issuance which justify the application of permit conditions that are different or absent in the existing permit;
  - (3) The Director has received new information that was not available at the time of permit issuance and that would have justified the application of different permit conditions at the time of issuance;
  - (4) A new or revised requirement(s) of any applicable standard or limitation is promulgated under Sections 301(b)(2)(C), (D), (E), and (F), and 307(a)(2) of the FWPCA;
  - (5) Errors in calculation of discharge limitations or typographical or clerical errors were made;
  - (6) To the extent allowed by ADEM Administrative Code, Rule 335-6-6-.17, when the standards or regulations on which the permit was based have been changed by promulgation of amended standards or regulations or by judicial decision after the permit was issued;
  - (7) To the extent allowed by ADEM Administrative Code, Rule 335-6-6-.17, permits may be modified to change compliance schedules;
  - (8) To agree with a granted variance under 30l(c), 30l(g), 30l(h), 30l(k), or 3l6(a) of the FWPCA or for fundamentally different factors;
  - (9) To incorporate an applicable 307(a) FWPCA toxic effluent standard or prohibition;
  - (10) When required by the reopener conditions in this permit;
  - (11) When required under 40 CFR 403.8(e) (compliance schedule for development of pretreatment program);
  - (12) Upon failure of the state to notify, as required by Section 402(b)(3) of the FWPCA, another state whose waters may be affected by a discharge permitted by this permit;
  - (13) When required to correct technical mistakes, such as errors in calculation, or mistaken interpretations of law made in determining permit conditions; or
  - (14) When requested by the permittee and the Director determines that the modification has cause and will not result in a violation of federal or state law, regulations or rules; or

### 5. Termination

This permit may be terminated during its term for cause, including but not limited to, the following:

- Violation of any term or condition of this permit;
- b. The permittee's misrepresentation or failure to disclose fully all relevant facts in the permit application or during the permit issuance process or the permittee's misrepresentation of any relevant facts at any time;
- c. Materially false or inaccurate statements or information in the permit application or the permit;

- d. A change in any condition that requires either a temporary or permanent reduction or elimination of the permitted discharge;
- e. The permittee's discharge threatens human life or welfare or the maintenance of water quality standards;
- Permanent closure of the facility generating the wastewater permitted to be discharged by this permit or permanent cessation of wastewater discharge;
- g. New or revised requirements of any applicable standard or limitation that is promulgated under Sections 301(b)(2)(C), (D), (E), and (F), and 307(a)(2) of the FWPCA that the Director determines cannot be complied with by the permittee.
- h. Any other cause allowed by the ADEM Administrative Code, Chapter 335-6-6.

### Suspension

This permit may be suspended during its term for noncompliance until the permittee has taken action(s) necessary to achieve compliance.

### 7. Stay

The filing of a request by the permittee for modification, suspension or revocation of this permit, in whole or in part, does not stay any permit term or condition.

### F. COMPLIANCE WITH TOXIC POLLUTANT STANDARD OR PROHIBITION

If any applicable effluent standard or prohibition (including any schedule of compliance specified in such effluent standard or prohibition) is established under Section 307(a) of the FWPCA, 33 U.S.C. Section 1317(a), for a toxic pollutant discharged by the permittee and such standard or prohibition is more stringent than any discharge limitation on the pollutant specified in Provision I. A. of this permit, or controls a pollutant not limited in Provision I. A. of this permit, this permit shall be modified to conform to the toxic pollutant effluent standard or prohibition and the permittee shall be notified of such modification. If this permit has not been modified to conform to the toxic pollutant effluent standard or prohibition before the effective date of such standard or prohibition, the permittee shall attain compliance with the requirements of the standard or prohibition within the time period required by the standard or prohibition and shall continue to comply with the standard or prohibition until this permit is modified or reissued.

### G. NOTICE TO DIRECTOR OF INDUSTRIAL USERS

- 1. The permittee shall not allow the introduction of wastewater, other than domestic wastewater, from a new direct discharger prior to approval and permitting, if applicable, of the discharge by the Department.
- The permittee shall not allow an existing indirect discharger to increase the quantity or change the character of its wastewater, other than domestic wastewater, prior to approval and permitting, if applicable, of the increased discharge by the Department.
- 3. The permittee shall report to the Department any adverse impact caused or believed to be caused by an indirect discharger on the treatment process, quality of discharged water or quality of sludge. Such report shall be submitted within seven days of the permittee becoming aware of the adverse impacts.

### H. PROHIBITIONS

The permittee shall not allow, and shall take effective enforcement action to prevent and terminate, the introduction of any of the following into its treatment works by industrial users:

- 1. Pollutants which create a fire or explosion hazard in the treatment works;
- Pollutants which will cause corrosive structural damage to the treatment works, or dischargers with a pH lower than 5.0 s.u., unless the works are specifically designed to accommodate such discharges;
- 3. Solid or viscous pollutants in amounts which will cause obstruction of flow in sewers, or other interference with the treatment works;
- 4. Pollutants, including oxygen demanding pollutants, released in a discharge of such volume or strength as to cause interference in the treatment works;

- 5. Heat in amounts which will inhibit biological activity in the treatment plant resulting in interference or in such quantities that the temperature of the treatment plant influent exceeds 40°C (104° F) unless the treatment plant is designed to accommodate such heat;
- 6. Pollutants in amounts which exceed any applicable pretreatment standard under Section 307 of FWPCA or any approved revisions thereof.

### PART III ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS

### A. CIVIL AND CRIMINAL LIABILITY

### 1. Tampering

Any person who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required to be maintained or performed under the permit shall, upon conviction, be subject to penalties as provided by the AWPCA.

### 2. False Statements

Any person who knowingly makes any false statement, representation, or certification in any record or other document submitted or required to be maintained under this permit, including monitoring reports or reports of compliance or noncompliance shall, upon conviction, be subject to penalties as provided by the AWPCA.

### 3. Permit Enforcement

- a. Any NPDES permit issued or reissued by the Department is a permit for the purpose of the AWPCA and the FWPCA and as such any terms, conditions, or limitations of the permit are enforceable under state and federal law.
- b. Any person required to have a NPDES permit pursuant to ADEM Administrative Code Chapter 335-6-6 and who discharges pollutants without said permit, who violates the conditions of said permit, who discharges pollutants in a manner not authorized by the permit, or who violates applicable orders of the Department or any applicable rule or standard of the Department, is subject to any one or combination of the following enforcement actions under applicable state statutes.
  - An administrative order requiring abatement, compliance, mitigation, cessation, clean-up, and/or penalties;
  - (2) An action for damages;
  - (3) An action for injunctive relief; or
  - (4) An action for penalties.
- c. If the permittee is not in compliance with the conditions of an expiring or expired permit the Director may choose to do any or all of the following provided the permittee has made a timely and complete application for reissuance of the permit:
  - (1) Initiate enforcement action based upon the permit which has been continued;
  - (2) Issue a notice of intent to deny the permit reissuance. If the permit is denied, the owner or operator would then be required to cease the activities authorized by the continued permit or be subject to enforcement action for operating without a permit;
  - (3) Reissue the new permit with appropriate conditions; or
  - (4) Take other actions authorized by these rules and AWPCA.

### 4. Relief from Liability

Except as provided in Provision II. C. 1. (Bypass) and Provision II. C. 2. (Upset), nothing in this permit shall be construed to relieve the permittee of civil or criminal liability under the AWPCA or FWPCA for noncompliance with any term or condition of this permit.

### B. OIL AND HAZARDOUS SUBSTANCE LIABILITY

Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities or penalties to which the permittee is or may be subject under Section 311 of the FWPCA, 33 U.S.C. Section 1321.

### C. PROPERTY AND OTHER RIGHTS

This permit does not convey any property rights in either real or personal property, or any exclusive privileges, nor does it authorize any injury to persons or property or invasion of other private rights, or any infringement of federal, state, or local laws or regulations, nor does it authorize or approve the construction of any physical structures or facilities or the undertaking of any work in any waters of the state or of the United States.

### D. AVAILABILITY OF REPORTS

Except for data determined to be confidential under Code of Alabama 1975, Section 22-22-9(c), all reports prepared in accordance with the terms of this permit shall be available for public inspection at the offices of the Department. Effluent data shall not be considered confidential.

### E. EXPIRATION OF PERMITS FOR NEW OR INCREASED DISCHARGES

- 1. If this permit was issued for a new discharger or new source, this permit shall expire eighteen months after the issuance date if construction of the facility has not begun during the eighteen-month period.
- 2. If this permit was issued or modified to allow the discharge of increased quantities of pollutants to accommodate the modification of an existing facility and if construction of this modification has not begun during the eighteen month period after issuance of this permit or permit modification, this permit shall be modified to reduce the quantities of pollutants allowed to be discharged to those levels that would have been allowed if the modification of the facility had not been planned.
- 3. Construction has begun when the owner or operator has:
  - a. Begun, or caused to begin as part of a continuous on-site construction program:
    - (1) Any placement, assembly, or installation of facilities or equipment; or
    - (2) Significant site preparation work including clearing, excavation, or removal of existing buildings, structures, or facilities which are necessary for the placement, assembly, or installation of new source facilities or equipment; or
  - b. Entered into a binding contractual obligation for the purpose of placement, assembly, or installation of facilities or equipment which are intended to be used in its operation within a reasonable time. Options to purchase or contracts which can be terminated or modified without substantial loss, and contracts for feasibility, engineering, and design studies do not constitute a contractual obligation under this paragraph.
- 4. Final plans and specifications for a waste treatment facility at a new source or new discharger, or a modification to an existing waste treatment facility must be submitted to and examined by the Department prior to initiating construction of such treatment facility by the permittee.
- 5. Upon completion of construction of waste treatment facilities and prior to operation of such facilities, the permittee shall submit to the Department a certification from a registered professional engineer, licensed to practice in the State of Alabama, that the treatment facilities have been built according to plans and specifications submitted to and examined by the Department.

### F. COMPLIANCE WITH WATER QUALITY STANDARDS

- On the basis of the permittee's application, plans, or other available information, the Department has determined
  that compliance with the terms and conditions of this permit should assure compliance with the applicable water
  quality standards.
- 2. Compliance with permit terms and conditions notwithstanding, if the permittee's discharge(s) from point sources identified in Provision I. A. of this permit cause or contribute to a condition in contravention of state water quality standards, the Department may require abatement action to be taken by the permittee in emergency situations or modify the permit pursuant to the Department's Rules, or both.
- 3. If the Department determines, on the basis of a notice provided pursuant to this permit or any investigation, inspection or sampling, that a modification of this permit is necessary to assure maintenance of water quality standards or compliance with other provisions of the AWPCA or FWPCA, the Department may require such modification and, in cases of emergency, the Director may prohibit the discharge until the permit has been modified.

### G. GROUNDWATER

Unless specifically authorized under this permit, this permit does not authorize the discharge of pollutants to groundwater. Should a threat of groundwater contamination occur, the Director may require groundwater monitoring to properly assess the degree of the problem, and the Director may require that the permittee undertake measures to abate any such discharge and/or contamination.

### H. DEFINITIONS

- Average monthly discharge limitation means the highest allowable average of "daily discharges" over a
  calendar month, calculated as the sum of all "daily discharges" measured during a calendar month divided by
  the number of "daily discharges" measured during that month (zero discharge days shall not be included in the
  number of "daily discharges" measured and a less than detectable test result shall be treated as a concentration
  of zero if the most sensitive EPA approved method was used).
- 2. Average weekly discharge limitation means the highest allowable average of "daily discharges" over a calendar week, calculated as the sum of all "daily discharges" measured during a calendar week divided by the number of "daily discharges" measured during that week (zero discharge days shall not be included in the number of "daily discharges" measured and a less than detectable test result shall be treated as a concentration of zero if the most sensitive EPA approved method was used).
- Arithmetic Mean means the summation of the individual values of any set of values divided by the number of individual values.
- 4. AWPCA means the Alabama Water Pollution Control Act.
- 5. BOD means the five-day measure of the pollutant parameter biochemical oxygen demand.
- 6. Bypass means the intentional diversion of waste streams from any portion of a treatment facility.
- 7. CBOD means the five-day measure of the pollutant parameter carbonaceous biochemical oxygen demand.
- 8. Daily discharge means the discharge of a pollutant measured during any consecutive 24-hour period in accordance with the sample type and analytical methodology specified by the discharge permit.
- 9. Daily maximum means the highest value of any individual sample result obtained during a day.
- 10. Daily minimum means the lowest value of any individual sample result obtained during a day.
- 11. Day means any consecutive 24-hour period.
- 12. Department means the Alabama Department of Environmental Management.
- 13. Director means the Director of the Department.
- 14. Discharge means "[t]he addition, introduction, leaking, spilling or emitting of any sewage, industrial waste, pollutant or other waste into waters of the state". Code of Alabama 1975, Section 22-22-1(b)(9).
- 15. Discharge Monitoring Report (DMR) means the form approved by the Director to accomplish reporting requirements of an NPDES permit.
- 16. DO means dissolved oxygen.
- 17. 8HC means 8-hour composite sample, including any of the following:
  - a. The mixing of at least 8 equal volume samples collected at constant time intervals of not more than 1 hour over a period of not less than 8 hours between the hours of 6:00 a.m. and 6:00 p.m. If the sampling period exceeds 8 hours, sampling may be conducted beyond the 6:00 a.m. to 6:00 p.m. period.
  - b. A sample continuously collected at a constant rate over period of not less than 8 hours between the hours of 6:00 a.m. and 6:00 p.m. If the sampling period exceeds 8 hours, sampling may be conducted beyond the 6:00 a.m. to 6:00 p.m. period.
- 18. EPA means the United States Environmental Protection Agency.
- 19. FC means the pollutant parameter fecal coliform.
- 20. Flow means the total volume of discharge in a 24-hour period.
- 21. FWPCA means the Federal Water Pollution Control Act.
- 22. Geometric Mean means the Nth root of the product of the individual values of any set of values where N is equal to the number of individual values. The geometric mean is equivalent to the antilog of the arithmetic mean of the logarithms of the individual values. For purposes of calculating the geometric mean, values of zero (0) shall be considered one (1).
- 23. Grab Sample means a single influent or effluent portion which is not a composite sample. The sample(s) shall be collected at the period(s) most representative of the discharge.

- 24. Indirect Discharger means a nondomestic discharger who discharges pollutants to a publicly owned treatment works or a privately owned treatment facility operated by another person.
- 25. Industrial User means those industries identified in the Standard Industrial Classification manual, Bureau of the Budget 1967, as amended and supplemented, under the category "Division D Manufacturing" and such other classes of significant waste producers as, by regulation, the Director deems appropriate.
- MGD means million gallons per day.
- 27. Monthly Average means the arithmetic mean of all the composite or grab samples taken for the daily discharges collected in one month period. The monthly average for flow is the arithmetic mean of all flow measurements taken in a one month period.
- 28. New Discharger means a person, owning or operating any building, structure, facility or installation:
  - a. From which there is or may be a discharge of pollutants;
  - b. From which the discharge of pollutants did not commence prior to August 13, 1979, and which is not a new source: and
  - Which has never received a final effective NPDES permit for dischargers at that site.
- 29. NH3-N means the pollutant parameter ammonia, measured as nitrogen.
- 30. Notifiable sanitary sewer overflow means an overflow, spill, release or diversion of wastewater from a sanitary sewer system that:
  - a. Reaches a surface water of the State; or
  - b. May imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur.
- 31. Permit application means forms and additional information that is required by ADEM Administrative Code Rule 335-6-6-.08 and applicable permit fees.
- 32. Point source means "any discernible, confined and discrete conveyance, including but not limited to any pipe, channel, ditch, tunnel, conduit, well, discrete fissure, container, rolling stock, concentrated animal feeding operation, or vessel or other floating craft, . . . from which pollutants are or may be discharged." Section 502(14) of the FWPCA, 33 U.S.C. Section 1362(14).
- 33. Pollutant includes for purposes of this permit, but is not limited to, those pollutants specified in Code of Alabama 1975, Section 22-22-1(b)(3) and those effluent characteristics specified in Provision I. A. of this permit.
- 34. Privately Owned Treatment Works means any devices or system which is used to treat wastes from any facility whose operator is not the operator of the treatment works, and which is not a "POTW".
- 35. Publicly Owned Treatment Works means a wastewater collection and treatment facility owned by the State, municipality, regional entity composed of two or more municipalities, or another entity created by the State or local authority for the purpose of collecting and treating municipal wastewater.
- 36. Receiving Stream means the "waters" receiving a "discharge" from a "point source".
- 37. Severe property damage means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production.
- 38. Significant Source means a source which discharges 0.025 MGD or more to a POTW or greater than five percent of the treatment work's capacity, or a source which is a primary industry as defined by the U.S. EPA or which discharges a priority or toxic pollutant.
- 39. TKN means the pollutant parameter Total Kjeldahl Nitrogen.
- 40. TON means the pollutant parameter Total Organic Nitrogen.
- 41. TRC means Total Residual Chlorine.
- 42. TSS means the pollutant parameter Total Suspended Solids.
- 43. 24HC means 24-hour composite sample, including any of the following:

- a. The mixing of at least 8 equal volume samples collected at constant time intervals of not more than 2 hours over a period of 24 hours;
- b. A sample collected over a consecutive 24-hour period using an automatic sampler composite to one sample. As a minimum, samples shall be collected hourly and each shall be no more than one twenty-fourth (1/24) of the total sample volume collected; or
- A sample collected over a consecutive 24-hour period using an automatic composite sampler composited proportional to flow.
- 44. Upset means an exceptional incident in which there is an unintentional and temporary noncompliance with technology-based permit discharge limitations because of factors beyond the reasonable control of the Permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.
- 45. Waters means "[a]ll waters of any river, stream, watercourse, pond, lake, coastal, ground, or surface water, wholly or partially within the state, natural or artificial. This does not include waters which are entirely confined and retained completely upon the property of a single individual, partnership, or corporation unless such waters are used in interstate commerce." Code of Alabama 1975, Section 22-22-1(b)(2). Waters "include all navigable waters" as defined in Section 502(7) of the FWPCA, 22 U.S.C. Section 1362(7), which are within the State of Alabama.
- 46. Week means the period beginning at twelve midnight Saturday and ending at twelve midnight the following Saturday.
- 47. Weekly (7-day and calendar week) Average is the arithmetic mean of all samples collected during a consecutive 7-day period or calendar week, whichever is applicable. The calendar week is defined as beginning on Sunday and ending on Saturday. Weekly averages shall be calculated for all calendar weeks with Saturdays in the month. If a calendar week overlaps two months (i.e., the Sunday is in one month and the Saturday in the following month), the weekly average calculated for the calendar week shall be included in the data for the month that contains the Saturday.

### I. SEVERABILITY

The provisions of this permit are severable, and if any provision of this permit or the application of any provision of this permit to any circumstance is held invalid, the application of such provision to other circumstances, and the remainder of this permit, shall not be affected thereby.

### PART IV SPECIFIC REQUIREMENTS, CONDITIONS, AND LIMITATIONS

### A. SLUDGE MANAGEMENT PRACTICES

### 1. Applicability

- a. Provisions of Provision IV.A. apply to a sewage sludge generated or treated in treatment works that is applied to agricultural and non-agricultural land, or that is otherwise distributed, marketed, incinerated, or disposed in landfills or surface disposal sites.
- b. Provisions of Provision IV.A. do not apply to:
  - (1) Sewage sludge generated or treated in a privately owned treatment works operated in conjunction with industrial manufacturing and processing facilities and which receive no domestic wastewater.
  - (2) Sewage sludge that is stored in surface impoundments located at the treatment works prior to ultimate disposal.

### 2. Submitting Information

- a. If applicable, the permittee must submit annually with its Municipal Water Pollution Prevention (MWPP) report the following:
  - (1) Type of sludge stabilization/digestion method;
  - (2) Daily or annual sludge production (dry weight basis);
  - (3) Ultimate sludge disposal practice(s).
- b. The permittee shall provide sludge inventory data to the Director as requested. These data may include, but are not limited to, sludge quantity and quality reported in Provision IV.A.2.a as well as other specific analyses required to comply with State and Federal laws regarding solid and hazardous waste disposal.
- c. The permittee shall give prior notice to the Director of at least 30 days of any change planned in the permittee's sludge disposal practices.

### 3. Reopener or Modification

- a. Upon review of information provided by the permittee as required by Provision IV.A.2. or, based on the results of an on-site inspection, the permit shall be subject to modification to incorporate appropriate requirements.
- b. If an applicable "acceptable management practice" or if a numerical limitation for a pollutant in sewage sludge promulgated under Section 405 of FWPCA is more stringent than the sludge pollutant limit or acceptable management practice in this permit, this permit shall be modified or revoked or reissued to conform to requirements promulgated under Section 405. The permittee shall comply with the limitations no later than the compliance deadline specified in applicable regulations as required by Section 405 of FWPCA.

### B. EFFLUENT TOXICITY TESTING REOPENER

Upon notification under Part II.G. of any newly introduced toxic industrial wastewaters, the Director may reopen the permit to include effluent toxicity limitations and testing requirements.

### C. TOTAL RESIDUAL CHLORINE (TRC) REQUIREMENTS

- 1. If chlorine is not utilized for disinfection purposes, TRC monitoring under Part I of this Permit is not required. If TRC monitoring is not required, "NODI = 9" (conditional monitoring) should be reported on the DMR forms.
- 2. Testing for TRC shall be conducted according to either the amperometric titration method or the DPD colorimetric method as specified in Section 408(C) or (E), Standards Methods for the Examination of Water and Wastewater, 18th edition. If chlorine is not detected prior to actual discharge to the receiving stream using one of these methods (i.e., the analytical result is less than the detection level), the Permittee shall report on the DMR form "NODI = B" or "0". The Permittee shall then be considered to be in compliance with the daily maximum concentration limit for TRC.

- 3. This permit contains a maximum allowable TRC level in the effluent. The Permittee is responsible for determining the minimum TRC level needed in the chlorine contact chamber to comply with <u>E.coli</u> limits. The effluent shall be dechlorinated if necessary to meet the maximum allowable effluent TRC level.
- 4. The sample collection point for effluent TRC shall be at a point downstream of the chlorine contact chamber (downstream of dechlorination if applicable). The exact location is to be approved by the Director.

### D. PLANT CLASSIFICATION

The Permittee shall report to the Director within 30 days of the effective date of this permit, the name, address and operator number of the certified wastewater operator in responsible charge of the facility. Unless specified elsewhere in this permit, this facility shall be classified in accordance with ADEM Admin. Code R. 335-10-1-.03.

### ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT WATER DIVISION – INDUSTRIAL AND MUNICIPAL SECTIONS NONCOMPLIANCE NOTIFICATION FORM

| PERN                              | MITTEE NAME:                                                                               |                                                                                                                                                                           | PERMIT                                                                                  | NO:                                                                                            |
|-----------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| FACIL                             | LITY LOCATION:                                                                             |                                                                                                                                                                           |                                                                                         |                                                                                                |
| DMR                               | REPORTING PERIOD:                                                                          |                                                                                                                                                                           |                                                                                         |                                                                                                |
| 1.                                | DESCRIPTION OF DISC                                                                        | CHARGE: (Include outfall numb                                                                                                                                             | er (s))                                                                                 |                                                                                                |
| 2.                                | DESCRIPTION OF NON                                                                         | N-COMPLIANCE: (Attach addition                                                                                                                                            | onal pages if necessary):                                                               |                                                                                                |
|                                   |                                                                                            | LIST EFFLUENT VIOL                                                                                                                                                        | ATIONS (If applicable)                                                                  |                                                                                                |
|                                   | Outfall Number (s)                                                                         | NONCOMPLIANCE<br>PARAMETER(S)                                                                                                                                             | Result Reported (Include units)                                                         | Permit Limit<br>(Include units)                                                                |
|                                   |                                                                                            |                                                                                                                                                                           |                                                                                         |                                                                                                |
|                                   | LIS                                                                                        | T MONITORING / REPORT                                                                                                                                                     | ING VIOLATIONS (If app                                                                  |                                                                                                |
|                                   | Outfall Number (s)                                                                         | NONCOMPLIANCE<br>PARAMETER(S)                                                                                                                                             |                                                                                         | / Reporting Violation ide description)                                                         |
|                                   |                                                                                            |                                                                                                                                                                           |                                                                                         |                                                                                                |
|                                   |                                                                                            |                                                                                                                                                                           |                                                                                         |                                                                                                |
| 3.                                | CAUSE OF NON-COMP                                                                          | PLIANCE (Attach additional page                                                                                                                                           | es if necessary):                                                                       |                                                                                                |
| 4.                                | PERIOD OF NONCOMP<br>the noncompliance is ex                                               | PLIANCE: (Include exact date(s) pected to continue):                                                                                                                      | and time(s) or, if not correc                                                           | ted, the anticipated time                                                                      |
| 5.                                |                                                                                            | PS TAKEN AND/OR BEING TA<br>HARGE AND TO PREVENT IT                                                                                                                       |                                                                                         |                                                                                                |
| accord<br>subm<br>gather<br>compl | dance with a system desig<br>itted. Based on my inquiry or<br>ring the information, the in | t this document and all attachmed to assure that qualified positive person or persons who manaformation submitted is, to the are significant penalties for submitted is." | ersonnel properly gather an<br>mage the system, or those pe<br>best of my knowledge and | nd evaluate the information<br>rsons directly responsible for<br>I belief, true, accurate, and |
| NAME                              | AND TITLE OF RESPON                                                                        | SIBLE OFFICIAL (type or print)                                                                                                                                            | )                                                                                       |                                                                                                |
| SIGN                              | ATURE OF RESPONSIBLE                                                                       | /<br>OFFICIAL / DATE SIGNED                                                                                                                                               |                                                                                         |                                                                                                |
| OIGIV/                            | THORE OF REOF OROIDEE                                                                      | OFFICIAL PARE GIONED                                                                                                                                                      |                                                                                         |                                                                                                |

ADEM Form 421 09/05

### NPDES PERMIT RATIONALE

NPDES Permit No: **AL0051322** Date: 4/24/2015

Permit Applicant: Fayette County Board of Education

P O BOX 686

Fayette, Alabama 35555

Location: Hubbertville School WWTP

7360 County Road 49

Hubbertville, Alabama 35555

Draft Permit is: Initial Issuance:

Reissuance due to expiration: X

Modification of existing permit: Revocation and Reissuance:

Basis for Limitations: Water Quality Model: CBOD, NH3-N, DO

Reissuance with no modification: DO, pH, TSS, TSS % Removal, NH3-N,

TRC, E. coli, CBOD, CBOD %

Removal

Instream calculation at 7Q10: 100% Toxicity based: TRC

Secondary Treatment Levels: TSS, TSS % Removal, CBOD, CBOD

% Removal

Other (described below): E. coli, pH

Design Flow in Million Gallons per Day: 0.012 MGD

Major: No

Description of Discharge: Outfall Number 001;

Effluent discharge to an unnamed tributary to Sipsey

River, which is classified as Fish &Wildlife.

Discussion: This is a reissuance due to expiration.

The limits for Five Day Carbonaceous Biochemical Oxygen Demand (CBOD), Nitrogen Ammonia (NH3-N), and Dissolved Oxygen (DO) are based on the Waste Load Allocation (WLA) model that was completed by ADEM's Water Quality Branch on November 20, 2009. The monthly average limits for CBOD are 13mg/L (summer) and 25.0 mg/L (winter). The monthly average limits for NH3-N are 2.5 mg/L (summer) and 4.7 mg/L (winter). The daily minimum limit for DO is 6.0 mg/L.

The monthly average TSS limit is 30 mg/L. The minimum percent removals of TSS and CBOD are 85 percent. These limits are in accordance with 40 CFR Part 133.102.

The imposed E. coli limits were determined based on the water-use classification of the receiving stream. Since the UT to Sipsey River is classified as Fish & Wildlife, the limits for June through September are 126 col/100mL (monthly average) and 487 col/100mL (daily maximum). The limits for October through May are 548 col/100mL (monthly average) and 2507 col/100mL (daily maximum).

The pH limits were developed in accordance with the Water-Use designation of the receiving stream and to be consistent with the Department's permitting approach and procedures. The daily minimum and maximum pH limits of 6.0 S.U. and 8.5 S.U. respectively, are imposed. The Total Residual Chlorine (TRC) limits of 0.011 mg/L (monthly average) and 0.019 mg/L (maximum daily) are based on EPA's recommended water quality value and on the current Toxicity Rationale, which considers the available dilution and should be protective of acute and chronic criteria in the receiving stream. In accordance with a letter dated August 11, 1998 from EPA Headquarters and a 1991 memorandum from EPA Region 4's Environmental Services Division (ESD), due to testing and method detection limitations, a total Residual Chlorine measurement below 0.05 mg/L shall be considered below detection for compliance purposes.

Monitoring for TRC is only applicable if chlorine is utilized for disinfection purposes. If chlorine is not utilized for disinfection purposes, monitoring would not be applicable during the monitoring period, and "NODI=9" should be entered on the monthly DMR or "\*9" should be entered into the eDMR system.

This permit imposes monitoring during the growing season (April-October) for the following nutrient-related parameters: Total Kjeldahl Nitrogen (TKN), Nitrate plus Nitrite as Nitrogen (NO<sub>2</sub>+NO<sub>3</sub>-N), and Total Phosphorus (TP). Monitoring for these nutrient-related parameters is imposed so that sufficient information will be available regarding the nutrient contribution from this point source, should it be necessary at some later time to impose nutrient limits on this discharge.

Toxicity testing is not required because there are no industrial indirect discharges to the plant and because this is a minor facility.

Monitoring will be conducted twice per month for most parameters. Percent removal for CBOD and TSS will be calculated once per month. Monitoring for nutrient-related parameters will be once per month during the growing season. Flow will be measured instantaneously on monitoring days.

ADEM Administrative Rule 335-6-10-.04 requires applicants to new or expanded discharges to Tier II waters demonstrate that the proposed discharge is necessary for important economic or social development in the area in which the waters are located. The application submitted by the facility is not for a new or expanded discharge, so the applicant is not required to demonstrate that the discharge is necessary for economic and social development.

The UT to Sipsey River is a Tier I stream and is not listed on the most recent 303(d) list. There are no approved TMDLs on the discharge.

Prepared by: <u>Nicholas Lowe</u>

### TOXICITY AND DISINFECTION RATIONALE

Facility Name: **Hubbertville School WWTP** NPDES Permit Number: AL0051322 Receiving Stream: **UT to Sipsey River** Facility Design Flow (Qw): 0.012 MGD 0.000 cfs Receiving Stream 7Q10: Receiving Stream 1Q<sub>10</sub>: 0.000 cfs (Estimated at 0.75 \* 7Q10) Winter Headwater Flow (WHF): 0.00 cfs Summer Temperature for CCC: 28 deg. Celsius Winter Temperature for CCC: 18 deg. Celsius Headwater Background NH3-N Level: 0.11 mg/l7.0 s.u. Receiving Stream pH:

Headwater Background FC Level (summer): N./A. (Only applicable for facilities with diffusers.)

(winter) N./A.

The Stream Dilution Ration (SDR) is calculated using the 7Q10 for all stream classifications.

Stream Dilution Ration (SDR) = 
$$\frac{Qw}{7010 + Ow} = 100.00\%$$

### **AMMONIA TOXICITY LIMITATIONS**

Toxicity-based ammonia limits are calculated in accordance with the *Ammonia Toxicity Protocol* and the *General Guidance for Writing Water Quality Based Toxicity Permits*.

If the Limiting Dilution is less than 1%, the waterbody is considered stream-dominated and the CMC applies. If the Limiting Dilution is greater than 1%, the waterbody is considered effluent-dominated and the CCC applies.

Limiting Dilution = 
$$\frac{Q_w}{7Q_{10} + Q_w}$$
 =  $\frac{100.00\%}{100.00\%}$  Effluent-Dominated, CCC Applies | Criterion Maximum Concentration (CMC): CMC=0.411/(1+10<sup>(7.204-pH)</sup>) + 58.4/(1+10<sup>(pH-7.204)</sup>) | CCC=[0.0577/(1+10<sup>(7.688-pH)</sup>) + 2.487/(1+10<sup>(pH-7.688)</sup>)] \* Min[2.85,1.45\*10<sup>(0.028\*(25-T))</sup>] | CCC=[0.0577/(1+10<sup>(7.688-pH)</sup>) + 2.487/(1+10<sup>(7.688-pH)</sup>)] \* Min[2.85,1.45\*10<sup>(7.688-pH)</sup>] \* Min[2.85,1.

Winter NH<sub>3</sub>-N Toxicity Limit = 
$$\frac{[(Allowable Instream NH3-N) * (WHF + Qw)] - [(Headwater NH3-N) * (WHF)]}{Q_w}$$
= 4.8 mg/l NH3-N at Winter Flow

The ammonia limits established in the permit will be the lesser of the DO-based ammonia limit (from the wasteload allocation model) or the toxicity limits calculated above.

|        | DO-based NH3-N limit | Toxicity-based NH3-N limit |
|--------|----------------------|----------------------------|
| Summer | 2.50 mg/l NH3-N      | 2.50 mg/l NH3-N            |
| Winter | 4.70 mg/l NH3-N      | 4.80 mg/l NH3-N            |

Summer: The toxicity-based limit of 2.50 mg/l NH3-N applies. Winter: The DO based limit of 4.70 mg/l NH3-N applies.

### TOXICITY TESTING REQUIREMENTS (REFERENCE: MUNICIPAL BRANCH TOXICITY PERMITTING STRATEGY)

The following factors trigger toxicity testing requirements:

- 1. Facility design flow is equal to or greater than 1.0 MGD (major facility).
- 2. There are significant industrial contributors (SID permits).

Acute toxicity testing is specified for A&I receiving streams, or for stream dilution ratios of 1% or less.

Chronic toxicity testing is specified for all other situations requiring toxicity testing.

This is a minor facility (Qw < 1.0 MGD) with no SID permits. No toxicity testing is required.

Instream Waste Concentration (IWC) =  $\frac{Qw}{7Q10 + Qw}$  = 100.00% Note: This number will be rounded up for toxicity testing purposes.

### **DISINFECTION REQUIREMENTS**

Bacteria limits are required, and will be the water quality limit for the receiving stream, except where diffusers are used the limit may be adjusted for the dilution provided by the diffuser.

See the attached Disinfection Guidance for applicable stream standards.

(Non-coastal limits apply)

Applicable Stream Classification: Fish & Wildlife
Disinfection Type: Chlorination

Limit calculation method: Limits based on meeting stream standards at the point of discharge.

|                                                                   | Stream Standard  | Effluent Limit   |
|-------------------------------------------------------------------|------------------|------------------|
|                                                                   | (colonies/100ml) | (colonies/100ml) |
| E. Coli (applies to Non-coastal and Shellfish Harvesting Coastal) |                  |                  |
| Monthly limit as monthly average (October through May):           | 548              | 548              |
| Monthly limit as monthly aveage (June through September):         | 126              | 126              |
| Daily Max (October through May):                                  | 2507             | 2507             |
| Daily Max (June through September):                               | 487              | 487              |
| Enterococci (applies to Coastal)                                  |                  |                  |
| Monthly limit as geometric mean (October through May):            | Not applicable   | Not applicable   |
| Monthly limit as geometric mean (June through September):         | Not applicable   | Not applicable   |
| Daily Max (October through May):                                  | Not applicable   | Not applicable   |
| Daily Max (June through September):                               | Not applicable   | Not applicable   |

### MAXIMUM ALLOWABLE CHLORINATION LIMITS

Toxicity-based chlorine limits are calculated in accordance with the General Guidance for Writing Water Quality Based Toxicity Permits.

Chlorine has been shown to be acutely toxic at 0.019 mg/l and chronically toxic at 0.011 mg/l.

Maximum allowable TRC in effluent:

0.011 mg/l (chronic)

(0.011)/(SDR)

Maximum allowable TRC in effluent:

0.019 mg/l (acute)

(0.019)/(SDR)

NOTE: A maximum chlorine limit will be imposed such that the instream concentration will not exceed acutely toxic concentrations in A & I streams and chronically toxic concentrations in all other streams, but may not exceed 1.0 mg/l.

Prepared By:

Nicholas Lowe

Date:

12/17/2014

|                                                                                                                                                                                             | Waste Lo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ad Allo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | cation                                         | Su                                                     | mma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ry                                        | Page 1        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------|
|                                                                                                                                                                                             | REG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | QUEST INFO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | RMATION                                        | ١                                                      | request r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | number:                                   | 2477          |
| rom:                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C. San                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | In Bran                                        | nch/Se                                                 | STATE OF THE PARTY |                                           |               |
| Date Subn                                                                                                                                                                                   | 12/30/1899                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | equired 1                                      | 12/30/18                                               | 899 F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | UND Code                                  |               |
| Receiving Waterbody                                                                                                                                                                         | Sipsey Rive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | er UT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                                        | nit applicate DES progr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |               |
| Previous Stream Name                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ILV IIV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | roccivos                                       |                                                        | DEO piogi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |               |
| Facility Name                                                                                                                                                                               | Hubbertvi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | lle School WW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | /TP                                            | 1)                                                     | Name of D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ischarger-WQ w                            | rill use to   |
|                                                                                                                                                                                             | Hubbert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ville High Scho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                              |                                                        | Market Control of the | scharger Name                             |               |
| River Basin                                                                                                                                                                                 | Upper Tombigbee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 75.75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | I Latitude                                     |                                                        | 3.82817                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (decimal degi                             | ,             |
| *County                                                                                                                                                                                     | Fayette                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Outfall L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | .ongitude                                      | -87                                                    | 7.74429                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (decimal degi                             | ees)          |
| Permit Number                                                                                                                                                                               | AL005132                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Permit                                         | Туре                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CONVERSION                                | 1             |
|                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Permit S                                       | Status                                                 | <u>y</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Active                                    |               |
|                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Тур                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e of Discha                                    | arger                                                  | SE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MIPUBLIC/PRIN                             | /ATE          |
| Do oth                                                                                                                                                                                      | ner discharges exist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | that may imp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | oact the mo                                    | odel?                                                  | ☐ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ☑ No                                      |               |
| ames.                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | il d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | mbers.                                         |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |               |
|                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |               |
|                                                                                                                                                                                             | g Discharge Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Control of the Contro |                                                | /IGD                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e flow rates give                         |               |
| Proposed                                                                                                                                                                                    | g Discharge Design<br>d Discharge Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Control of the Contro |                                                | NGD<br>NGD                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e flow rates giver requested for          |               |
|                                                                                                                                                                                             | MANAGEMENT AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Flow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                                        | be those                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | modelin       |
| Proposed Comments included                                                                                                                                                                  | MANAGEMENT AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Flow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Information<br>Verified By                     | BCH                                                    | be those                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | requested for                             | modelin       |
| Comments included  Yes No                                                                                                                                                                   | d Discharge Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Flow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Information<br>Verified By                     | BCH                                                    | be those                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | requested for                             | modelin       |
| Comments included  Yes No  11 Digit HUC Code                                                                                                                                                | 031601070201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Flow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Information<br>Verified By                     | BCH                                                    | be those                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | requested for                             | modelin       |
| Comments included  Yes No  11 Digit HUC Code  12 Digit HUC Code                                                                                                                             | 031601070201<br>n F&W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Flow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Information<br>Verified By<br>Lat              | BCH /Long                                              | be those                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | requested for                             | modelin       |
| Proposed Comments included  Yes No  11 Digit HUC Code 12 Digit HUC Code Use Classificatio                                                                                                   | 03160107040<br>031601070201<br>n F&W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Flow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Information<br>Verified By<br>Lat              | BCH Long                                               | be those Ye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | e requested for ear File Was Create       | modelin       |
| Proposed Comments included  Yes No  11 Digit HUC Code 12 Digit HUC Code Use Classificatio  Site Visit Completed                                                                             | 03160107040 031601070201 n F&W ?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Information<br>Verified By  Lat  Date of V     | BCH Long Ate of S VLA Re                               | Method Site Visit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | e requested for ear File Was Create GPS   | modelin       |
| Proposed Comments included  Yes No  11 Digit HUC Code 12 Digit HUC Code Use Classificatio Site Visit Completed  Waterbody Impaired                                                          | 03160107040 031601070201 n F&W ?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | No No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Information<br>Verified By<br>Lat<br>Date of V | BCH  L'Long  ate of S                                  | Method Site Visit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | e requested for ear File Was Create GPS   | modelin       |
| Proposed Comments included  Yes No  11 Digit HUC Code 12 Digit HUC Code Use Classificatio Site Visit Completed  Waterbody Impaired  Antidegradatio                                          | 03160107040 031601070201  F&W  Yes  Yes  Tier I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Information<br>Verified By  Lat  Date of V     | BCH  t/Long  ate of S  VLA Red  TMD                    | Method Site Visit esponse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | e requested for ear File Was Create GPS   | modelin       |
| Proposed Comments included  Yes No  11 Digit HUC Code 12 Digit HUC Code Use Classificatio Site Visit Completed  Waterbody Impaired  Antidegradatio Waterbody Tier Level Use Support Categor | 03160107040 031601070201  F&W  Yes  Yes  Tier I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date of V Approve Approval                     | BCH  L'Long  Ate of S  VLA Red  TMD                    | Method Site Visit esponse No of TMDL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | GPS  11/12/2009  11/20/2009               | modelin       |
| Comments included  Yes No  11 Digit HUC Code 12 Digit HUC Code Use Classificatio Site Visit Completed  Waterbody Impaired  Antidegradatio Waterbody Tier Level Use Support Categor          | O3160107040 O31601070201 IN F&W  Per Yes  Tier I Ty 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | No No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date of V Approve Yes Approval                 | BCH  L'Long  ate of S  VLA Re  d TMD  Date of          | Method Site Visit esponse No of TMDL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | GPS  11/12/2009  11/20/2009               | modelin       |
| Comments included  Yes No  11 Digit HUC Code 12 Digit HUC Code Use Classificatio Site Visit Completed  Waterbody Impaired  Antidegradatio  Waterbody Tier Level Use Support Categor         | 03160107040 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070201 031601070707070707070707070707070707070707 | No No No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date of V Approve Yes Approval                 | BCH  Long  Ate of S  VLA Red  TMD  Date of A  ate of A | Method Site Visit esponse No of TMDL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | requested for GPS  11/12/2009  11/20/2009 | modeling 1998 |

### **Waste Load Allocation Summary** Page 2 **Other Parameters Conventional Parameters** Qw MGD MGD MGD Qw Qw 0.012 MGD Qw 0.012 **Annual Effluent** Limits Season Season Season Summer Winter Season From From Qw From MGD May From Nov Through Through Through Oct Through Apr CBOD5 TP CBOD5 13 mg/L CBOD5 25 mg/L TP NH3-N TN 4.7 TN NH3-N 2.5 mg/L NH3-N mg/L TKN TSS TSS TKN TKN D.O. D.O. D.O. 6 mg/L 6 mg/L "Monitor Only" Parameters for Effluent: **Parameter** Frequency **Parameter** Frequency TP Monthy(Apr-Oct) NO2+NO3-N Monthy(Apr-Oct) TKN Monthy(Apr-Oct)

| Parameter   | Summe | er   | Wir  | nter |
|-------------|-------|------|------|------|
| CBODu       | 2     | mg/l | 2    | mg/l |
| NH3-N       | 0.11  | mg/l | 0.11 | mg/l |
| Temperature | 28    | °C   | 18   | °C   |
| рН          | 7     | su   | 7    | su   |

### **Hydrology at Discharge Location Method Used to Calculate Drainage Area** 5 sq mi **Drainage Area** Qualifier Stream 7Q10 0 <5.0 sq mi - Bingham Equation cfs Less Than Stream 1Q10 0 cfs <5.0 sq mi - Bingham Equation Stream 7Q2 0 <5.0 sq mi - Bingham Equation cfs <5.0 sq mi - Bingham Equation 0 cfs **Annual Average**

Comments and/or Notations

Comments Sec 13, T 14S, R 12W, 191 SW HUBBERTVILLE

| ` \FORM                                            |                                                              | U.S. ENVIRO                                                                                                                                                  |                    |                            |                                          |           |                                                                                   | I. EPA I.D. NUMBER                                                                                                                            |                                    |                                   |                                              |
|----------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------|------------------------------------------|-----------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------|----------------------------------------------|
| 1 1 I                                              | <b>\$EPA</b>                                                 |                                                                                                                                                              |                    |                            | FORMA                                    |           |                                                                                   | s AL0051322                                                                                                                                   |                                    |                                   | T/A C                                        |
| GENERAL                                            |                                                              |                                                                                                                                                              |                    |                            | ermits Prog<br>uctions" befo             |           |                                                                                   | F AL0051322                                                                                                                                   |                                    | 13                                | 14 15                                        |
|                                                    | . ITEMS                                                      |                                                                                                                                                              |                    |                            |                                          |           |                                                                                   | GENERAL INSTRU                                                                                                                                |                                    | s                                 |                                              |
| LABEL                                              | . ITEMS                                                      |                                                                                                                                                              |                    |                            |                                          |           |                                                                                   | If a preprinted label has been designated space. Review the inform                                                                            |                                    |                                   |                                              |
| EPA I.D. I                                         | NUMBER                                                       |                                                                                                                                                              |                    |                            |                                          |           |                                                                                   | is incorrect, cross through it and en appropriate fill-in area below. Also, if                                                                | ter the o                          | correct<br>the prep               | data in the printed data                     |
| III. FACILITY                                      | NAME                                                         | PLEASE                                                                                                                                                       | PLAC               | CE LAI                     | BEL IN THIS                              | s s       | SPACE                                                                             | is absent (the area to the left of<br>information that should appear), plea<br>fill-in area(s) below. If the label is of                      | ase prov                           | vide it in                        | the proper                                   |
| V. FACILITY<br>ADDRES                              | MAILING<br>S                                                 |                                                                                                                                                              |                    |                            |                                          |           |                                                                                   | need not complete Items I, III, V, a must be completed regardless). Cor has been provided. Refer to the ins                                   | and VI (<br>inplete a<br>struction | (except<br>all items<br>as for de | VI-B which<br>s if no label<br>letailed item |
| VI. FACILITY                                       | LOCATION                                                     | _                                                                                                                                                            |                    |                            |                                          |           |                                                                                   | descriptions and for the legal autho data is collected.                                                                                       | rizations                          | s under                           | r which this                                 |
| II. POLLUTANT                                      | CHARACTERIS                                                  | TICS                                                                                                                                                         |                    |                            |                                          |           |                                                                                   |                                                                                                                                               |                                    |                                   |                                              |
| submit this form                                   | n and the supple of to each question                         | mental form listed in the pare                                                                                                                               | nthesi:<br>f these | s follo<br>forms<br>bold-f | wing the qu<br>s. You may<br>faced terms | esi<br>an | tion. Mark "X" in the box in                                                      | he EPA. If you answer "yes" to ar<br>the third column if the supplemen<br>excluded from permit requirement                                    | ntal for                           | m is a<br>Sectio                  | ittached. If<br>on C of the                  |
|                                                    | SPECIFIC OI                                                  | IESTIONS                                                                                                                                                     | YES                | Mari                       | FORM                                     | ł         | eprojejo                                                                          | CONFECTIONS                                                                                                                                   | YES                                | Mark                              | FORM                                         |
| A 1- 15-1- 6                                       | SPECIFIC QU                                                  |                                                                                                                                                              |                    |                            | ATTACHED                                 | Ļ         |                                                                                   | QUESTIONS                                                                                                                                     | $\vdash$                           |                                   | ATTACHED                                     |
|                                                    |                                                              | ned treatment works which<br>ers of the U.S.? (FORM 2A)                                                                                                      | X<br>16            | 17                         | 16                                       | <br>  B   | include a concentrated                                                            | (either existing or proposed) animal feeding operation or tion facility which results in a                                                    | 19                                 | X<br>20                           | 21                                           |
|                                                    |                                                              | tly results in discharges to                                                                                                                                 | "                  | <u> </u>                   |                                          | D         |                                                                                   | (other than those described in A                                                                                                              | +-                                 |                                   |                                              |
| waters of the above? (FOI                          |                                                              | n those described in A or B                                                                                                                                  | 22                 | 23                         | 24                                       |           | or B above) which will res<br>the U.S.? (FORM 2D)                                 | sult in a discharge to waters of                                                                                                              | 25                                 | 26                                | 27                                           |
| E. Does or w                                       | ill this facility t                                          | reat, store, or dispose of                                                                                                                                   |                    | \ <u></u>                  |                                          | F         |                                                                                   | ect at this facility industrial or                                                                                                            |                                    |                                   |                                              |
| nazardous                                          | wastes? (FORM                                                | 3)                                                                                                                                                           |                    | <b>X</b>                   |                                          |           | containing, within one of                                                         | low the lowermost stratum quarter mile of the well bore,                                                                                      |                                    | X                                 |                                              |
| C. Do you or w                                     | ill you inject at thi                                        | a facility any produced water                                                                                                                                | 28                 | 29                         | 30                                       | 1         | underground sources of d                                                          |                                                                                                                                               | 31                                 | 32                                | 33                                           |
| or other fluction vinject fluids gas, or injection | uids which are with conventional used for enhance            | s facility any produced water<br>brought to the surface in<br>oil or natural gas production,<br>ed recovery of oil or natural<br>age of liquid hydrocarbons? |                    | ×                          |                                          |           | processes such as mining                                                          | at this facility fluids for special<br>y of sulfur by the Frasch process,<br>als, in situ combustion of fossil<br>ermal energy? (FORM 4)      |                                    | ×                                 |                                              |
| (FORM 4)                                           |                                                              |                                                                                                                                                              | 34                 | 35                         | 36                                       | 1         |                                                                                   |                                                                                                                                               | 37                                 | 38                                | 39                                           |
| of the 28 ind<br>which will p<br>pollutant reg     | ustrial categories<br>otentially emit 10<br>ulated under the | tionary source which is one<br>listed in the instructions and<br>00 tons per year of any air<br>Clean Air Act and may affect                                 | 40                 | X<br>41                    | 42                                       | J         | NOT one of the 28 ind<br>instructions and which w<br>year of any air pollutant re | ed stationary source which is<br>dustrial categories listed in the<br>rill potentially emit 250 tons pro-<br>egulated under the Clean Air Act | 43                                 | X 44                              | 45                                           |
| or be located                                      | ın an attainmeni                                             | area? (FORM 5)                                                                                                                                               | ***                | "'                         | 42                                       |           | (FORM 5)                                                                          | ocated in an attainment area?                                                                                                                 | -                                  | "                                 |                                              |
| III. NAME OF                                       | FACILITY                                                     |                                                                                                                                                              |                    |                            |                                          | Ţ         |                                                                                   |                                                                                                                                               |                                    |                                   |                                              |
| 1 SKIP HT                                          | JBBERTVIL:                                                   | LE SCHOOL WASTER                                                                                                                                             | VATE               | ER T                       | REATME                                   | :N'       | T PLANT                                                                           |                                                                                                                                               | 69                                 |                                   |                                              |
| IV. FACILITY                                       | CONTACT                                                      |                                                                                                                                                              |                    |                            |                                          |           |                                                                                   |                                                                                                                                               |                                    |                                   |                                              |
|                                                    |                                                              | A. NAME & TITLE (last                                                                                                                                        | , first,           | & title)                   | )                                        |           |                                                                                   | B. PHONE (area code & no.)                                                                                                                    |                                    |                                   |                                              |
| c DAVID                                            | BRAND, MA                                                    | INTENANCE SUPER                                                                                                                                              | INT                | ENDI                       | ENT                                      |           |                                                                                   | (205) 932-5826                                                                                                                                |                                    |                                   |                                              |
| 15 16                                              |                                                              |                                                                                                                                                              |                    |                            |                                          |           | 45                                                                                | 46 48 49 51 52-                                                                                                                               | 55                                 |                                   |                                              |
| V. FACILTY MA                                      | ILING ADDRESS                                                |                                                                                                                                                              | •                  |                            |                                          |           |                                                                                   |                                                                                                                                               |                                    |                                   |                                              |
| c P.O. Bo                                          | OX 686                                                       | A. STREET OR P                                                                                                                                               | O. BC              | )X                         |                                          |           |                                                                                   |                                                                                                                                               |                                    |                                   |                                              |
| 15 16                                              |                                                              | D CITY OF TOWER                                                                                                                                              |                    |                            |                                          |           | 45 C STATE                                                                        | D ZID CODE                                                                                                                                    |                                    |                                   |                                              |
| c FAYETT                                           | E                                                            | B. CITY OR TOWN                                                                                                                                              | I                  | ТТ                         |                                          |           |                                                                                   | D. ZIP CODE<br>5555                                                                                                                           |                                    |                                   |                                              |
| VI. FACILITY                                       | LOCATION                                                     |                                                                                                                                                              |                    |                            |                                          |           | 40 41 42 47                                                                       | 51                                                                                                                                            |                                    |                                   |                                              |
| VI. FACILITY                                       |                                                              | REET, ROUTE NO. OR OTHE                                                                                                                                      | D SDI              | FCIFIC                     | : IDENTIFIE                              | =R        |                                                                                   |                                                                                                                                               |                                    |                                   |                                              |
|                                                    | OUNTY ROA                                                    | <del> </del>                                                                                                                                                 | T T                |                            |                                          |           |                                                                                   |                                                                                                                                               |                                    |                                   |                                              |
| 15 16                                              |                                                              | P COUNTY                                                                                                                                                     | / NIA 8.4          | IE .                       |                                          | _         | 45                                                                                |                                                                                                                                               |                                    | —                                 |                                              |
| FAYETTE                                            |                                                              | B. COUNTY                                                                                                                                                    | INAIV              | <u> </u>                   |                                          | Τ         |                                                                                   | 70                                                                                                                                            |                                    |                                   |                                              |
| <u></u>                                            |                                                              | C. CITY OR TOWN                                                                                                                                              |                    |                            |                                          |           | D. STATE                                                                          | E. ZIP CODE F. COUNTY C                                                                                                                       | ODE (                              | if know                           | n)                                           |
| 6 HUBBER                                           | TVILLE                                                       |                                                                                                                                                              | !                  | 1 1                        |                                          |           |                                                                                   | 5441 032                                                                                                                                      | -54                                |                                   |                                              |

| CONTINUED FROM THE FRONT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VII. SIC CODES (4-digit, in order of priority)  A. FIRST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | B. SECOND                                                                                                                                                                                                                                         |
| 7 8211 (Specify) TISTIG 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7 (specify)<br>8/A                                                                                                                                                                                                                                |
| C. THIRD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | D. FOURTH                                                                                                                                                                                                                                         |
| 7 (specify) N/A N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5     (specify)                                                                                                                                                                                                                                   |
| VIII. OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D. La Managera Caland in Horn                                                                                                                                                                                                                     |
| A NAME<br>8 FAYETTE COUNTY BOARD OF EDUCATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | B. Is the name listed in Item  VIII-A also the owner?  VI YES INO                                                                                                                                                                                 |
| 15   16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                   |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the F = FEDERAL S = STATE O = OTHER (specify)  M = PUBLIC (other than federal or state) M   M   (i)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e answer hax: if "Other," specify.)  D. PHONE (area code & no.)                                                                                                                                                                                   |
| E. STREET OR P.O. BOX P.O. BOX 686                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                   |
| 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 56                                                                                                                                                                                                                                                |
| F. CITY OR TOWN  B FAYETTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | G. STATE H. ZIP CODE IX. INDIAN LAND  Is the facility located on Indian lands?  AL 35555 YES 17 NO                                                                                                                                                |
| X. EXISTING ENVIRONMENTAL PERMITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                   |
| 9 N AL0051322 9 P N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | missions from Proposed Sources)                                                                                                                                                                                                                   |
| 15   15   17   18   30   15   16   17   18   B. UIC (Underground Injection of Fluids)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | so ) E. OTHER (specify)                                                                                                                                                                                                                           |
| C T ' N/A 9 U N/A 9 N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (specify)                                                                                                                                                                                                                                         |
| C. RCRA (Hazardons Wastes)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | E. OTHER (specify)                                                                                                                                                                                                                                |
| 9 R N/A 9 N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (specify)                                                                                                                                                                                                                                         |
| 15 16 17 18 30 15 16 17 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 30                                                                                                                                                                                                                                                |
| XI. MAP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                   |
| location of each of its existing and proposed intake and discharge structures, each injects fluids underground. Include all springs, rivers, and other surface water bodies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | e mile beyond property boundaries. The map must show the outline of the facility, the<br>of its hazardous waste treatment, storage, or disposal facilities, and each well where it<br>in the map area. See instructions for precise requirements. |
| XII. NATURE OF BUSINESS (provide a brief description)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                   |
| THE HUBBERTVILLE SCHOOL WASTEWATER TREATMENT PLANT PROV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IDES WASTEWATER TREATMENT FOR HUBBERTVILLE SCHOOL.                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                   |
| VALUE OF THE STREET OF THE STR           |                                                                                                                                                                                                                                                   |
| XIII. CERTIFICATION (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | the information and that is this conference and all allegations and that become any                                                                                                                                                               |
| I certify under penalty of law that I have personally examined and am familiar with<br>inquiry of those persons immediately responsible for obtaining the information cont<br>am aware that there are significant penalties for submitting false information, including<br>including the penalty of the personal penalties for submitting false information, including<br>the personal penalty of the personal penalties for submitting false information, including<br>the penalty of the penalt | the information submitted in this application and all attachments and that, based on my<br>ained in the application, I believe that the information is true, accurate, and complete. I<br>not the possibility of fine and imprisonment.           |
| A. NAME & OFFICIAL TITLE (type or print).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C. DATE SIGNED                                                                                                                                                                                                                                    |
| DAVID BRAND, MAINTENANCE SUPERINTENDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | V 9~~ 4-6-15                                                                                                                                                                                                                                      |
| COMMENTS FOR OFFICIAL USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                   |
| 15 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5                                                                                                                                                                                                                                                 |
| EPA Form 3510-1 (8-90)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DECEIVE                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | APR 0 6 2015   E                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | APR 0 6 2015   SIND / MUN BRANCH                                                                                                                                                                                                                  |

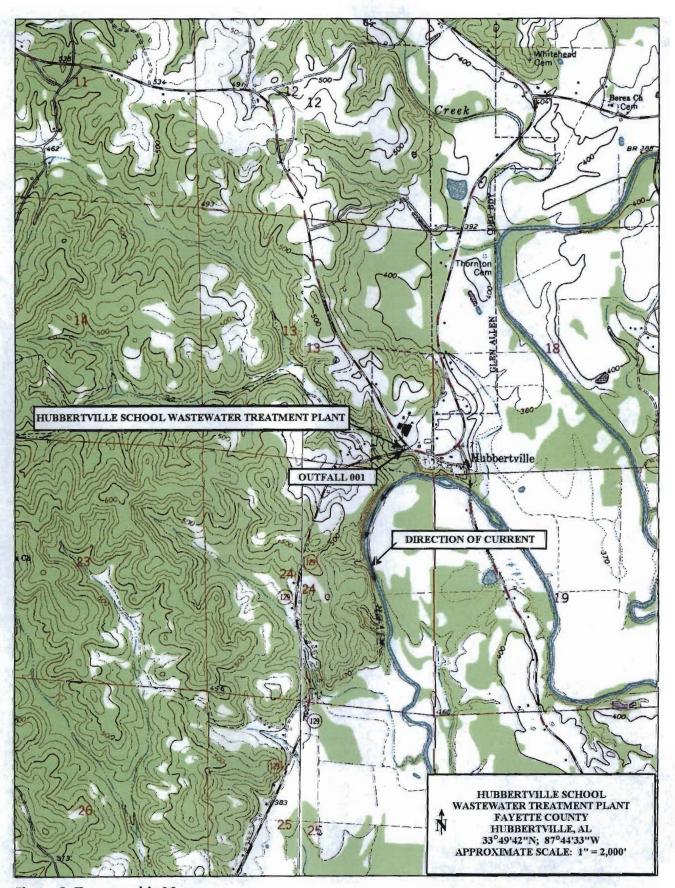


Figure 2: Topographic Map

Hubbertville School Wastewater Treatment Plant, AL0051322

FORM

2A NPDES

### NPDES FORM 2A APPLICATION OVERVIEW

### **APPLICATION OVERVIEW**

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

### **BASIC APPLICATION INFORMATION:**

- A. Basic Application Information for all Applicants. All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd. All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification. All applicants must complete Part C (Certification).

### SUPPLEMENTAL APPLICATION INFORMATION:

- D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - 3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - Is required to have a pretreatment program (or has one in place), or
  - Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes. A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
  - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
  - 2. Any other industrial user that:
    - Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
    - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
    - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

### ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

# Hubbertville School Wastewater Treatment Plant, AL0051322 BASIC APPLICATION INFORMATION

|        |                                                                          | ICATION INFORMATION FOR ALL A                                                            |                                                                                        | -                                                                       |  |  |  |  |  |  |
|--------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|--|--|--|--|--|
| All tı | eatment works must                                                       | complete questions A.1 through A.8 of ti                                                 | nis Basic Application Information pack                                                 | cet.                                                                    |  |  |  |  |  |  |
| A.1.   | Facility Information.                                                    |                                                                                          |                                                                                        |                                                                         |  |  |  |  |  |  |
|        | Facility name                                                            | Hubbertville School Wastewater Treati                                                    | ment Plant                                                                             |                                                                         |  |  |  |  |  |  |
|        | Mailing Address                                                          | P.O. Box 686<br>Fayette, AL 35555                                                        |                                                                                        |                                                                         |  |  |  |  |  |  |
|        |                                                                          |                                                                                          |                                                                                        |                                                                         |  |  |  |  |  |  |
|        | Contact person                                                           | David Brand                                                                              | avid Brand                                                                             |                                                                         |  |  |  |  |  |  |
|        | Title                                                                    | Maintenance Superintendent                                                               |                                                                                        |                                                                         |  |  |  |  |  |  |
|        | Telephone number                                                         | (205) 932-5826                                                                           |                                                                                        |                                                                         |  |  |  |  |  |  |
|        | Facility Address                                                         | 7360 County Road 49                                                                      |                                                                                        |                                                                         |  |  |  |  |  |  |
|        | (not P.O. Box)                                                           | Hubbertville, AL 35441                                                                   |                                                                                        |                                                                         |  |  |  |  |  |  |
| A.2.   | Applicant Informati                                                      | on. If the applicant is different from the above                                         | ve, provide the following:                                                             |                                                                         |  |  |  |  |  |  |
|        | Applicant name                                                           | Fayette County Board of Education                                                        |                                                                                        |                                                                         |  |  |  |  |  |  |
|        | Mailing Address                                                          | P.O. Box 686                                                                             |                                                                                        |                                                                         |  |  |  |  |  |  |
|        | _                                                                        | Fayette, AL 35555                                                                        |                                                                                        |                                                                         |  |  |  |  |  |  |
|        | Contact person                                                           | David Brand                                                                              |                                                                                        |                                                                         |  |  |  |  |  |  |
|        | Title                                                                    | Maintenance Superintendent                                                               |                                                                                        |                                                                         |  |  |  |  |  |  |
|        | Telephone number (205) 932-5826                                          |                                                                                          |                                                                                        |                                                                         |  |  |  |  |  |  |
|        | Is the applicant the owner or operator (or both) of the treatment works? |                                                                                          |                                                                                        |                                                                         |  |  |  |  |  |  |
|        | owner                                                                    | operator                                                                                 |                                                                                        |                                                                         |  |  |  |  |  |  |
|        | Indicate whether cor                                                     | respondence regarding this permit should be                                              | e directed to the facility or the applicant.                                           |                                                                         |  |  |  |  |  |  |
|        | facility                                                                 | applicant                                                                                |                                                                                        |                                                                         |  |  |  |  |  |  |
| A.3.   | Existing Environme<br>works (include state                               | ental Permits. Provide the permit number o issued permits).                              | f any existing environmental permits that                                              | have been issued to the treatment                                       |  |  |  |  |  |  |
|        | NPDES AL00513                                                            | 322                                                                                      | PSD N/A                                                                                |                                                                         |  |  |  |  |  |  |
|        |                                                                          |                                                                                          |                                                                                        |                                                                         |  |  |  |  |  |  |
|        | RCRA N/A                                                                 |                                                                                          | Other N/A                                                                              |                                                                         |  |  |  |  |  |  |
| A.4.   | Collection System each entity and, if knetc.).                           | Information. Provide information on municinown, provide information on the type of colle | palities and areas served by the facility.<br>cction system (combined vs. separate) ar | Provide the name and population of d its ownership (municipal, private, |  |  |  |  |  |  |
|        | Name                                                                     | Population Served                                                                        | Type of Collection System                                                              | Ownership                                                               |  |  |  |  |  |  |
|        | Hubbertville Scho                                                        | ol <u>500</u>                                                                            | Separate                                                                               | Fayette Co. Board of Edu                                                |  |  |  |  |  |  |
|        |                                                                          |                                                                                          |                                                                                        |                                                                         |  |  |  |  |  |  |
|        |                                                                          | nulation carved 500                                                                      |                                                                                        |                                                                         |  |  |  |  |  |  |

Hubbertville School Wastewater Treatment Plant, AL0051322

|     | lian Country.                                                                             |                                |                        |                 |             |                  |          |
|-----|-------------------------------------------------------------------------------------------|--------------------------------|------------------------|-----------------|-------------|------------------|----------|
| a.  | Is the treatment works located in Indian Co                                               | ountry?                        |                        |                 |             |                  |          |
|     | Yes                                                                                       |                                |                        |                 |             |                  |          |
| b.  | Does the treatment works discharge to a rethrough) Indian Country?                        | eceiving water that is either  | in Indian Country o    | r that is upstr | eam from    | (and eventually  | flows    |
|     | Yes                                                                                       |                                |                        |                 |             |                  |          |
| Flo | <b>bw.</b> Indicate the design flow rate of the trea                                      | tmont plant (i.e., the wester  | rator flow rato that t | ho plant was    | huilt to be | andlo) Also pro  | vido the |
| av  | erage daily flow rate and maximum daily flovided with the 12th month of "this year" occur | w rate for each of the last th | ree years. Each ye     | ar's data mus   | st be base  |                  |          |
| a.  | Design flow rate 0.012 mgd                                                                |                                |                        |                 |             |                  |          |
|     |                                                                                           | Two Years Ago                  | Last Year              |                 | This Yea    | <u>ar</u>        |          |
| b.  | Annual average daily flow rate                                                            | 0.01                           |                        | 0.01            |             | 0.01             | mgd      |
| C.  | Maximum daily flow rate                                                                   | 0.02                           |                        | 0.02            |             | 0.01             | mgd      |
| Co  | Ilection System. Indicate the type(s) of co                                               | llection system(s) used by t   | he treatment plant.    | Check all tha   | at apply.   | Also estimate th | e perce  |
|     | ntribution (by miles) of each.                                                            | , , ,                          | •                      |                 | ,           |                  | •        |
| _   | Separate sanitary sewer                                                                   |                                |                        | _               |             | 100.00           | %        |
|     | Combined storm and sanitary sewer                                                         |                                |                        | -               |             |                  | %        |
| Dis | scharges and Other Disposal Methods.                                                      |                                |                        |                 |             |                  |          |
| Di. | charges and other Disposal methods.                                                       |                                |                        | -               |             |                  |          |
| a.  | Does the treatment works discharge efflue                                                 | nt to waters of the U.S.?      |                        |                 | _ Yes       |                  | No       |
|     | If yes, list how many of each of the following                                            | ng types of discharge points   | the treatment work     | s uses:         |             |                  |          |
|     | i. Discharges of treated effluent                                                         |                                |                        |                 |             | 1                |          |
|     | ii. Discharges of untreated or partially tre                                              | ated effluent                  |                        |                 |             | 0                |          |
|     | iii. Combined sewer overflow points                                                       |                                |                        |                 |             | 0                |          |
|     | iv. Constructed emergency overflows (pri                                                  | or to the headworks)           |                        |                 |             | 0                |          |
|     | v. Other                                                                                  |                                |                        |                 |             | 0                |          |
| b.  | Does the treatment works discharge efflue impoundments that do not have outlets for       |                                |                        |                 | Yes         | ✓                | No       |
|     | If yes, provide the following for each surface                                            | ce impoundment:                |                        |                 | _           | <u> </u>         |          |
|     | Location:                                                                                 |                                |                        |                 |             |                  |          |
|     | Annual average daily volume discharged t                                                  | o surface impoundment(s)       |                        |                 |             | mgd              |          |
|     | Is discharge continuous or                                                                | intermittent?                  |                        |                 |             |                  |          |
| c.  | Does the treatment works land-apply treat                                                 | ed wastewater?                 |                        |                 | Yes         | ✓                | No       |
|     | If yes, provide the following for each land                                               |                                |                        |                 | _           |                  |          |
|     | •                                                                                         |                                |                        |                 |             |                  |          |
|     | NI when it is an                                                                          |                                |                        |                 |             |                  |          |
|     | Annual average daily volume applied to si                                                 |                                | M                      | gd              |             |                  |          |
|     | Is land application continue                                                              | ous or interm                  | nittent?               |                 |             |                  |          |
|     |                                                                                           |                                |                        |                 |             |                  |          |
| d.  | Does the treatment works discharge or tra                                                 |                                | wastewater to anot     | her             | Yes         | 1                | No       |

# Form Approved 1/14/99 OMB Number 2040-0086

# FACILITY NAME AND PERMIT NUMBER:

Hubbertville School Wastewater Treatment Plant, AL0051322

|   | If transport is by a party other than the applicant, provide:                                                                                                                                                                                                                                                 |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | Transporter name:                                                                                                                                                                                                                                                                                             |
|   | Mailing Address:                                                                                                                                                                                                                                                                                              |
|   | Contact person:                                                                                                                                                                                                                                                                                               |
|   | Title:                                                                                                                                                                                                                                                                                                        |
|   | Telephone number:                                                                                                                                                                                                                                                                                             |
|   | Name:                                                                                                                                                                                                                                                                                                         |
|   | Mailing Address:                                                                                                                                                                                                                                                                                              |
|   | Contact person:                                                                                                                                                                                                                                                                                               |
|   |                                                                                                                                                                                                                                                                                                               |
|   | Title:                                                                                                                                                                                                                                                                                                        |
|   | Title:                                                                                                                                                                                                                                                                                                        |
|   |                                                                                                                                                                                                                                                                                                               |
|   | Telephone number:  If known, provide the NPDES permit number of the treatment works that receives this discharge.                                                                                                                                                                                             |
| • | Telephone number:  If known, provide the NPDES permit number of the treatment works that receives this discharge.                                                                                                                                                                                             |
| • | Telephone number:  If known, provide the NPDES permit number of the treatment works that receives this discharge.  Provide the average daily flow rate from the treatment works into the receiving facility.  mg  Does the treatment works discharge or dispose of its wastewater in a manner not included in |

FACILITY NAME AND PERMIT NUMBER:

Hubbertville School Wastewater Treatment Plant, AL0051322

Form Approved 1/14/99 OMB Number 2040-0086

# **WASTEWATER DISCHARGES:**

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

| A.9.          | De | scription of Outfall.                      |                                       |                                            |
|---------------|----|--------------------------------------------|---------------------------------------|--------------------------------------------|
|               | a. |                                            | 001                                   |                                            |
|               | b. | Location                                   | Hubbertville                          | <br>35441                                  |
|               |    |                                            | (City or town, if applicable) Fayette | (Zip Code)<br>AL                           |
|               |    |                                            | (County)<br>33 49' 42" N              | (State)<br>87 44' 33" W                    |
|               |    |                                            | (Latitude)                            | (Longitude)                                |
|               | C. | Distance from shore (i                     | if applicable)                        | ft.                                        |
|               | d. | Depth below surface (                      | (if applicable)                       | ft.                                        |
|               | e. | Average daily flow rate                    | e                                     | 0.01 mgd                                   |
|               | f. | Does this outfall have periodic discharge? | either an intermittent or a           | Yes ✓ No (go to A.9.g.)                    |
|               |    | If yes, provide the follo                  | owing information:                    | (30 to / 1.0.13.)                          |
|               |    | Number of times per y                      | year discharge occurs:                |                                            |
|               |    | Average duration of ea                     | ach discharge:                        |                                            |
|               |    | Average flow per disc                      | harge:                                | mgd                                        |
|               |    | Months in which disch                      | narge occurs:                         |                                            |
|               | g. | Is outfall equipped wit                    | h a diffuser?                         | Yes No                                     |
| <b>A</b> .10. | De | scription of Receiving                     | g Waters.                             |                                            |
|               | a. | Name of receiving wa                       | ter Unnamed Tribut                    | ry to Sipsey River                         |
|               | b. | Name of watershed (if                      | f known)                              | Sipsey                                     |
|               |    | United States Soil Con                     | nservation Service 14-digit wate      | rshed code (if known):  Unknown            |
|               | C. | Name of State Manag                        | ement/River Basin (if known):         | Unknown                                    |
|               |    | United States Geologi                      | ical Survey 8-digit hydrologic ca     | aloging unit code (if known): 03160107     |
|               | d. | Critical low flow of rec                   | eiving stream (if applicable):        | chronic cfs                                |
|               | ^  |                                            |                                       | (if applicable): mg/l of CaCO <sub>3</sub> |
|               | e. | Total Haluffess of fect                    | civing stream at Chilical low how     | in applicable) mg/i of CaOO3               |

#### **FACILITY NAME AND PERMIT NUMBER:**

Hubbertville School Wastewater Treatment Plant, AL0051322

| A.11. Description of Tre                 | atment.            |           |               |              |        |                     |              |       |                |       |                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------|--------------------|-----------|---------------|--------------|--------|---------------------|--------------|-------|----------------|-------|------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. What levels of                        | treatment a        | re provi  | ded? Cl       | neck all tha | t ap   | ply.                |              |       |                |       |                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>√</b> Pri                             | mary               |           |               | ✓ Se         | con    | dary                |              |       |                |       |                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Ad                                       | vanced             |           |               | Oth          | ner.   | Describe:           |              |       |                |       |                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| b. Indicate the fol                      | lowing remo        | oval rate | es (as ap     | oplicable):  |        |                     |              |       |                |       |                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Design BOD <sub>5</sub> r                | emoval <u>or</u> D | Design (  | BOD₅ r        | emoval       |        |                     | <u>87</u>    | 7.50  |                |       | %                            |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Design SS rem                            | oval               |           |               |              |        |                     | 87           | 7.50  |                |       | %                            |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Design P remo                            | val                |           |               |              |        |                     |              |       |                |       | %                            |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Design N remo                            | val                |           |               |              |        |                     | _            |       |                |       | %                            |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Other                                    |                    |           |               |              |        |                     |              |       |                |       | %                            |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| c. What type of d                        | sinfection is      | s used f  | -<br>or the e | ffluent from | n thi: | s outfall? If disin | fection vari | ies t | by seaso       | n, pl | ease describe                | €.    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Chlorination                             |                    |           |               |              |        |                     |              |       | •              | •     |                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| If disinfection is                       | by chloring        | ation, is | dechlor       | ination use  | ed fo  | or this outfall?    |              |       | <b>√</b>       | Ye    | s                            |       | No No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| d. Does the treati                       | nent plant h       | ave po    | st aerati     | on?          |        |                     |              |       |                | Ye    | s                            | ✓     | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| of 40 CFR Part 13                        | 6 and othe         | r appro   | priate C      | A/QC req     | uire   | ments for stan      | dard meth    | ods   | for ana        | lyte  | s not address                | sed b | VQC requirements<br>by 40 CFR Part 136.<br>one-half years apart.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| PARAMET                                  | ER                 |           | N             | MAXIMUM I    | DAII   | LY VALUE            |              | _     |                | VEF   | RAGE DAILY                   | VALU  | E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                          |                    |           |               | 'alue        |        | Units               | Va           | alue  |                | _     | Units                        | N     | lumber of Samples                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| pH (Minimum)                             |                    |           | 6.10          |              |        | s.u.                | 19.          |       | 1996)<br>1726  |       |                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| pH (Maximum)                             |                    |           | 8.00          |              |        | s.u.                |              |       |                |       | 1975<br>1975<br>1975<br>1975 |       | AND THE RESERVE OF THE PROPERTY OF THE PROPERT |
| Flow Rate                                |                    |           | 0.02          |              | MC     | GD                  | 0.01         |       |                | MG    | )                            | 38.0  | 00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Temperature (Winter)                     |                    |           |               |              |        |                     |              |       |                |       |                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Temperature (Summer)  * For pH please re | oort a minin       | num and   | l a may       | imum daily   | vali   |                     |              |       |                |       |                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| POLLUTANT                                | JOIC & THINITION   |           |               | M DAILY      | Val    |                     | DAILY DI     | ISCI  | HARGE          |       | ANALYTICA                    |       | ML / MDL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                          |                    | Co        | onc.          | Units        |        | Conc.               | Units        |       | Numbe<br>Sampl |       |                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CONVENTIONAL AND N                       | ONCONVE            | NTION     | AL CO         | MPOUNDS      |        | _                   |              |       |                |       |                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| BIOCHEMICAL OXYGEN                       | BOD-5              |           |               |              |        |                     |              |       |                |       |                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| DEMAND (Report one)                      | CBOD-5             | 24.00     |               | mg/L         |        | 7.19                | mg/L         |       | 38.00          |       | SM5210B20                    | 00    | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| FECAL COLIFORM E. C                      | OLI                | 142.0     | 0             | col/100n     | ηL     | 13.40               | col/100n     | mL    | 38.00          |       | SM20Ed922                    | 22    | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| TOTAL SUSPENDED SOL                      | IDS (TSS)          | 33.00     |               | mg/L         |        | 11.00               | mg/L         |       | 38.00          |       | USGSI3765                    | 5-8   | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                          |                    |           |               | ı            | ΕN     | D OF PAR            | TA.          |       |                |       |                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Hubbertville School Wastewater Treatment Plant, AL0051322

Form Approved 1/14/99 OMB Number 2040-0086

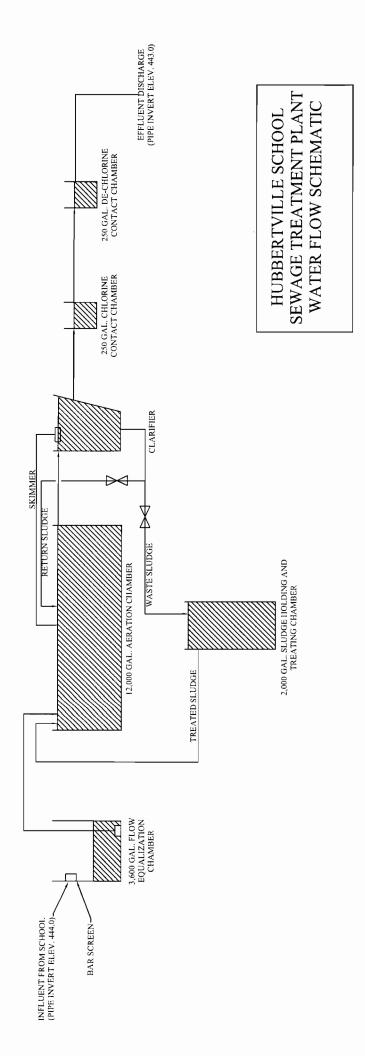
# **BASIC APPLICATION INFORMATION**

| PAR                | ТВ           | . ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
|--------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| All a <sub>l</sub> | pplica       | ants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |
| B.1.               | Infl         | nflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
|                    | Brie         | efly explain any steps underway or planned to minimize inflow and infiltration.                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |
| B.2.               | Thi          | pographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. s map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show entire area.)                                                                                                                                                                                                              |  |  |  |  |  |  |  |
|                    | a.           | The area surrounding the treatment plant, including all unit processes.                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
|                    | b.           | The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |
|                    | C.           | Each well where wastewater from the treatment plant is injected underground.                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |
|                    | d.           | Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |
|                    | e.           | Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
|                    | f.           | If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.                                                                                                                                                                                                                    |  |  |  |  |  |  |  |
|                    | back<br>chlo | cess Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all kup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., rination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily rates between treatment units. Include a brief narrative description of the diagram. |  |  |  |  |  |  |  |
| B.4.               | Оре          | eration/Maintenance Performed by Contractor(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |
|                    |              | any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a ractor?YesNo                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |
|                    |              | es, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional es if necessary).                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |
|                    | Nan          | ne:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |
|                    | Mail         | ing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |
|                    | Tele         | phone Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |
|                    | Res          | ponsibilities of Contractor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |
| B.5.               | unco<br>trea | neduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or ompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question for each. (If none, go to question B.6.)                                                 |  |  |  |  |  |  |  |
|                    | a.           | List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |
|                    | b.           | Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies. YesNo                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |

| FACILITY NAME AND PERMIT NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Form Approved 1/14/99                           |  |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--|--|--|--|--|--|--|
| Hubbertville School Wastewater Treatment Plant, AL0051322                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OMB Number 2040-0086                            |  |  |  |  |  |  |  |
| BASIC APPLICATION INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                 |  |  |  |  |  |  |  |
| PART C. CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |  |  |  |  |  |  |  |
| All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.                                                                                                         |                                                 |  |  |  |  |  |  |  |
| Indicate which parts of Form 2A you have completed and are submitting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |  |  |  |  |  |  |  |
| ■ Basic Application Information packet Supplemental Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | on Information packet:                          |  |  |  |  |  |  |  |
| Part D (Expand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | led Effluent Testing Data)                      |  |  |  |  |  |  |  |
| Part E (Toxicity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Testing: Biomonitoring Data)                    |  |  |  |  |  |  |  |
| Part F (Industri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ustrial User Discharges and RCRA/CERCLA Wastes) |  |  |  |  |  |  |  |
| Part G (Combin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ned Sewer Systems)                              |  |  |  |  |  |  |  |
| ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |  |  |  |  |  |  |  |
| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |                                                 |  |  |  |  |  |  |  |
| Name and official title David Brand, Maintenance Superintendent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |  |  |  |  |  |  |  |
| Signature Children                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                 |  |  |  |  |  |  |  |
| Telephone number (205) 932-5826                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |  |  |  |  |  |  |  |
| Date signed 4-4-15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                 |  |  |  |  |  |  |  |
| Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                 |  |  |  |  |  |  |  |

SEND COMPLETED FORMS TO:





IND / MUN BRANCH

GLOZ O L NOT

EINE

9

# SUPPLEMENTARY INFORMATION NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMIT APPLICATION FORM 188- Municipal, Semi-Public & Private Facilities

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT WATER DIVISION - MUNICIPAL PERMIT SECTION POST OFFICE BOX 301463 MONTGOMERY, ALABAMA 36130-1463

INSTRUCTIONS: APPLICATIONS SHOULD BE TYPED OR PRINTED IN INK AND SUBMITTED TO THE DEPARTMENT. PLEASE CONTINUE ON AN ATTACHED SHEET OF PAPER IF INSUFFICIENT SPACE IS AVAILABLE TO

|     |           |                                             | ANY ITEM BELOW. PLEASE<br>E TO THE APPLICANT.                                 | MARK N/A IN             | THE APPROPRIAT       | TE BOX WHEN AN ITEM IS NON                 |
|-----|-----------|---------------------------------------------|-------------------------------------------------------------------------------|-------------------------|----------------------|--------------------------------------------|
| _   | _         |                                             | PURPOSE OF                                                                    | THIS APPLIC             | ATION                |                                            |
|     | : IN      | ITIAL PERMIT APPLICATION                    | ON FOR NEW FACILITY                                                           | 1                       | INITIAL PERMIT APP   | LICATION FOR EXISTING FACILITY             |
|     | М         | ODIFICATION OF EXISTIN                      | G PERMIT                                                                      | <u></u>                 | REISSUANCE OF EX     | SISTING PERMIT                             |
|     | _ RE      | EVOCATION & REISSUAN                        | CE OF EXISTING PERMIT                                                         |                         |                      |                                            |
| ==  | CTI       | ON A – GENERAL IN                           | EORMATION                                                                     |                         |                      |                                            |
| 1.  |           |                                             | e School Wastewater Treatment Pla                                             | nt                      |                      |                                            |
|     | a.        | ,                                           | ette County Board of Education                                                |                         |                      |                                            |
|     | b.        |                                             | fied in 1.a, the owner of the f<br>and address of the operator a<br>facility. |                         |                      | No the operator's scope of                 |
|     | C.        | Name of Permitee* in *Permittee will be re- | f different than Operator:sponsible for compliance with                       | n the conditions        | s of the permit      |                                            |
| 2.  | NP        | DES Permit Number                           | AL 0051322                                                                    | (                       | lot applicable if in | itial permit application)                  |
| 3.  | Fa        | cility Location: (Attacl                    | a map with location mark                                                      | ed; street, rou         | te no. or other si   | pecific identifier)                        |
|     |           | eet: 7360 County Road 4                     |                                                                               | ,                       | ,                    | ,                                          |
|     |           |                                             | County: Fayette                                                               | Stat                    | e: Alabama           | Zip: 35491                                 |
|     | Fa        | cility (Front Gate) Loc                     | ation: Latitude (Deg Min Sec                                                  | ):33 <sub>0</sub> 49' 4 | 3"Longitud           | le (Deg. Min Sec). 87 <sub>0</sub> 44' 32" |
| 4.  | Fa        | cility Mailing Address                      | (Street or Post Office Box):                                                  | P.O. Box 686            | _                    |                                            |
|     | Cit       | y: Fayette                                  | County: Fayette                                                               | Stat                    | e: Alabama           | Zip: <u>35555</u>                          |
| 5.  | Re        | sponsible Official (as                      | described on page 7 of this a                                                 | pplication):            |                      |                                            |
|     | Na        | me and Title <u>: David Bra</u>             | nd, Maintenance Superintendent                                                |                         |                      |                                            |
|     | Ad        | dress: P.O. Box 686                         |                                                                               |                         |                      |                                            |
|     | Cit       | y: Fayette                                  | State                                                                         | e: Alabama              |                      | Zip: 35555                                 |
|     | Ph        | one Number <u>: <sup>205-932-5</sup></u>    | 826                                                                           |                         | a e                  | EEIVEN                                     |
|     | Em        | nail Address: (Optiona                      | l):                                                                           |                         |                      | APR 0 6 2015                               |
| ٨٦٥ | : N / E / | orm 199 01/10 m1                            |                                                                               |                         | IN                   | MUN BRANCH                                 |

Page 1 of 10

| <ol><li>Designated Facil</li></ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7,                                                                                                               |                                                                                                             |                                |                                                                                            |            |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------|------------|--|--|--|--|
| Name and Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | David Brand, Mainten                                                                                             | ance Superintendent                                                                                         | <u> </u>                       |                                                                                            |            |  |  |  |  |
| Phone Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 205-932-5826                                                                                                     |                                                                                                             |                                |                                                                                            |            |  |  |  |  |
| DMR Email Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | iress (Optional – for re                                                                                         | ceipt of blank DMF                                                                                          | R Forms):                      | ·                                                                                          |            |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | this section if the App<br>al not listed in Item 5.                                                              |                                                                                                             | entity is a Proprietorship     | o or limited liability Corporation with a                                                  | Į          |  |  |  |  |
| a) Proprietor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  |                                                                                                             |                                |                                                                                            |            |  |  |  |  |
| Name: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                  |                                                                                                             |                                |                                                                                            |            |  |  |  |  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                  |                                                                                                             |                                |                                                                                            |            |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                                                                                             |                                | Zip:                                                                                       |            |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s for Applicant's prev<br>tly held by the Applica                                                                |                                                                                                             |                                | fication of any other State Environme                                                      | ental      |  |  |  |  |
| <u>Permi</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | t Name                                                                                                           |                                                                                                             | Permit Number                  | Held by                                                                                    |            |  |  |  |  |
| NPDES Permit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  |                                                                                                             | AL0051322                      | Hubbertville High School WWTP                                                              |            |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  | _                                                                                                           | <del></del>                    |                                                                                            |            |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                                                                                             |                                |                                                                                            | _          |  |  |  |  |
| Identify all Admi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | inistrative Complaints g water pollution or o (attach additional she                                             | other permit viola                                                                                          | ations, if any against the     | ministrative Orders, Consent Decrees Applicant within the State of Alabam   Date of Action | —<br>s, or |  |  |  |  |
| Identify all Admitigation concerning the past five years (  Facility Name of the past five years (   Facility Name of the past five years (   Facility Name of the pas | inistrative Complaints g water pollution or o (attach additional she ge Perm  STEWATER DISCHA  Number Highest in | other permit viola sets if necessary)  nit Number  ARGE INFORMA  flow rates recorde  In Last 12 Months  MGD | Type of Action  Type of Action | ninistrative Orders, Consent Decrees Applicant within the State of Alabam   Date of Action | —<br>s, or |  |  |  |  |

| Outfall<br>Number     |                                                                          | Ecoli or<br>Enterococci                                                         | Maximum Daily<br>E-coli / Enterococci<br>Discharge<br>(per 100 ml) | rococci Average<br>ge E-Coli / Enterococci                                                        |                                | Analytical<br>Method                  | ML/MDL                                 |
|-----------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------|----------------------------------------|
|                       | 001                                                                      | Ecoli                                                                           | 921 coli/100 mL                                                    | 461 coli/100 mL                                                                                   | 134                            | SM9223B2004                           | 1                                      |
|                       |                                                                          |                                                                                 |                                                                    |                                                                                                   |                                |                                       |                                        |
| 3.                    | Attached a p                                                             | rocess flow sch                                                                 | ematic of the treatmer                                             | nt process, including th                                                                          | ne size of eac                 | ch unit operation                     | 1.                                     |
| 4.                    | Do you have this facility?                                               | , or plan to have                                                               | e, automatic sampling                                              | equipment or continuo                                                                             | ous wastewa                    | ter flow metering                     | g equipment at                         |
|                       | Current:                                                                 | Flow Meteri<br>Sampling E                                                       |                                                                    |                                                                                                   | ] N/A<br>] N/A                 |                                       |                                        |
|                       | Planned:                                                                 | Flow Meteri<br>Sampling E                                                       |                                                                    |                                                                                                   | <u>]</u> N/A<br><u>]</u> N/A   |                                       |                                        |
|                       | equipment a                                                              | nd describe the                                                                 | atic diagram of the se<br>equipment below:<br>fluent Flow Chamber  | wer system indicating                                                                             | the present o                  | or future location                    | n of this                              |
|                       | Portable Com                                                             | posite Sampler - Ef                                                             | fluent Flow Chamber                                                |                                                                                                   |                                |                                       |                                        |
| 5.                    | Are any wast<br>alter wastew                                             | tewater collection<br>ater volumes or                                           | on or treatment modificer characteristics (Note:                   | cations or expansions Permit Modification m                                                       | planned durir<br>nay be requir | ng the next three                     | e years that could<br>No 🔽             |
|                       |                                                                          | tional sheets if r                                                              |                                                                    | or anticipated effects o                                                                          | on the wastev                  | vater quality and                     | d quantity:                            |
|                       |                                                                          |                                                                                 |                                                                    |                                                                                                   |                                |                                       |                                        |
|                       |                                                                          |                                                                                 |                                                                    |                                                                                                   |                                |                                       |                                        |
| =                     |                                                                          |                                                                                 |                                                                    |                                                                                                   |                                |                                       |                                        |
| De<br>a v<br>or<br>pe | scribe the loc<br>vater of the st<br>other collection<br>mitted facility | ation of all sites<br>ate, either direction or distribution.<br>Indicate the lo | ctly or indirectly via sto<br>on systems that are lo               | of solids or liquids that<br>orm sewer, municipal socated at or operated<br>release areas and pro | sewer, munic<br>by the subje   | cipal wastewater<br>ect existing or p | r treatment plants,<br>proposed NPDES- |
| De                    | scription of W                                                           | aste/                                                                           | , ,                                                                |                                                                                                   | Description                    | of Storage Loc                        | ation                                  |
| No                    | t Applicable                                                             |                                                                                 |                                                                    |                                                                                                   |                                |                                       |                                        |
|                       |                                                                          |                                                                                 |                                                                    |                                                                                                   |                                |                                       |                                        |
|                       |                                                                          |                                                                                 |                                                                    | mate disposal of soli<br>em located at the facil                                                  |                                | aste materials                        | or residuals (e.g.                     |
|                       | Descrip                                                                  | otion of Waste                                                                  |                                                                    | Quantity<br>(lbs/day)                                                                             | D                              | isposal Method*                       | •                                      |
| 3le                   | udges                                                                    |                                                                                 |                                                                    | N/A                                                                                               | Recycled/Int                   | ernal Consumption                     |                                        |
|                       |                                                                          |                                                                                 |                                                                    |                                                                                                   |                                |                                       |                                        |
|                       |                                                                          |                                                                                 |                                                                    |                                                                                                   |                                |                                       |                                        |

Report E-coli (Freshwater) or Enterococci (Coastal Waters) monitoring results for the past five years for each outfall if available:

<sup>\*</sup>Indicate any wastes disposed at an off-site treatment facility and any wastes that are disposed on-site

# SECTION D - INDUSTRIAL INDIRECT DISCHARGE CONTRIBUTORS

1. List the existing and proposed industrial source wastewater contributions to the municipal wastewater treatment system (Attach other sheets if necessary)

| Company Name | Description of Industrial Wastewater | Existing or Proposed | Flow<br>(MGD) | Subject to SID Permit?<br>Y/N |
|--------------|--------------------------------------|----------------------|---------------|-------------------------------|
| N/A          |                                      |                      |               |                               |
|              |                                      |                      |               |                               |
|              |                                      |                      |               |                               |
|              |                                      |                      |               |                               |

2. Are industrial wastewater contributions regulated via a locally approved sewer use ordinance [Y/N]? If so, please attach a copy of the ordinance.

| SECTION  |   |        | ZONE I | NEODM/ | <b>NOIT</b> |
|----------|---|--------|--------|--------|-------------|
| SECTION. | - | UASIAL | ZUNE   |        |             |

| Is the discharge(s) located within the 10-foot elevation contour and within the limits of Mobile or Baldwin Co<br>Yes [ ] No [ ] If yes, then complete items A through M below: |      |                                                                                                                                            |                                                                                                      |         |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------|--|--|--|
|                                                                                                                                                                                 |      | Does the project require new construction?                                                                                                 | YES                                                                                                  | NO<br>  |  |  |  |
|                                                                                                                                                                                 | В.   | Will the project be a source of new air emissions?                                                                                         |                                                                                                      |         |  |  |  |
|                                                                                                                                                                                 | C.   | Does the project involve dredging and/or filling of a wetland area or water way?                                                           |                                                                                                      |         |  |  |  |
|                                                                                                                                                                                 |      | Has the Corps of Engineers (COE) permit been issued?                                                                                       |                                                                                                      |         |  |  |  |
|                                                                                                                                                                                 |      | Corps Project Number                                                                                                                       |                                                                                                      |         |  |  |  |
|                                                                                                                                                                                 | D.   | Does the project involve wetlands and/or submersed grassbeds?                                                                              |                                                                                                      | $\Box$  |  |  |  |
|                                                                                                                                                                                 | E.   | Are oyster reefs located near the project site? (Include a map showing project and discharge location with respect to oyster reefs)        |                                                                                                      |         |  |  |  |
|                                                                                                                                                                                 | F. [ | Does the project involve the site development, construction and operation of an energy facil defined in ADEM Admin. Code R. 335-8-102(bb)? | ity as                                                                                               |         |  |  |  |
|                                                                                                                                                                                 | G.   | Does the project involve mitigation of shoreline or coastal area erosion?                                                                  |                                                                                                      | *** *** |  |  |  |
|                                                                                                                                                                                 | Н.   | Does the project involve construction on beaches or dunes areas?                                                                           |                                                                                                      |         |  |  |  |
|                                                                                                                                                                                 | I.   | Will the project interfere with public access to coastal waters?                                                                           |                                                                                                      |         |  |  |  |
|                                                                                                                                                                                 | J.   | Does the project lie within the 100-year floodplain?                                                                                       |                                                                                                      |         |  |  |  |
|                                                                                                                                                                                 | K.   | Does the project involve the registration, sale, use, or application of pesticides?                                                        |                                                                                                      |         |  |  |  |
|                                                                                                                                                                                 | L.   | , , , ,                                                                                                                                    | he project propose or require construction of a new well or to alter an existing groundwater well to |         |  |  |  |
|                                                                                                                                                                                 |      | more than 50 gallons per day (GPD)?                                                                                                        |                                                                                                      |         |  |  |  |
|                                                                                                                                                                                 |      | Has the applicable permit for groundwater recovery or for groundwater well installation een obtained?                                      |                                                                                                      |         |  |  |  |

#### SECTION F - ANTI-DEGRADATION EVALUATION

| It is the applicant's responsibility to demonstrate the social and economic importance of the proposed activity, if subject to |
|--------------------------------------------------------------------------------------------------------------------------------|
| antidegradation requirements. In accordance with 40 CFR 131.12 and Section 335-6-1004 of the Alabama Department                |
| Environmental Management Administrative Code, the following information must be provided, if applicable. If further            |
| information is required to make this demonstration, attach additional sheets to the application.                               |

| 1. | Is this a new or increased discharge that began after April 3, 1991?        | Yes [□] No [□✓ | ]. |
|----|-----------------------------------------------------------------------------|----------------|----|
|    | If "yes", complete question 2 below. If "no", do not complete this section. |                |    |

2. Has an Anti-Degradation Analysis been previously conducted and submitted to the Department for the new or increased discharge referenced in question 1?

Yes [\_\_\_\_] No [\_\_\_\_\_].

If "no" and the discharge is to a Tier II waterbody as defined in ADEM Admin. Code r. 335-6-10-.12(4), complete questions A through F below and also ADEM forms 311 and 312 or 313, whichever is applicable, (attached). Form 312 or 313, whichever is applicable, must be provided for each treatment discharge alternative considered technically viable. If "yes", do not complete this section.

Information required for new or increased discharges to high quality waters:

- A. What environmental or public health problem will the discharger be correcting?
- B. Explain if and to what degree the discharger will be increasing employment as a result of the proposed discharge, either at its existing facility or as the result of the start-up of a related new facility or industry.
- C. Explain if and to what degree the discharge will prevent employment reductions?
- D. Describe any additional state or local taxes that the prospective discharger will be paying.
- E. Describe any public service the discharger will be providing to the community.
- F. Describe the economic or social benefit the discharger will be providing to the community.

# **SECTION G - EPA Application Forms**

All Applicants must submit certain EPA permit application forms. More than one application form may be required from a municipal facility depending on the number and types of discharges or outfalls. The EPA application forms are found on the Department's website at http://www.adem.state.al.us/ and are also listed in Attachment 4.

#### SECTION H- ENGINEERING REPORT/BMP PLAN REQUIREMENTS

Any Engineering Report or Best Management Practice (BMP) Plans required to be submitted to ADEM by the applicant must be in accordance with ADEM 335-6-6-.08(i) & (j).

#### SECTION I- RECEIVING WATERS

| Receiving Water(s)                | 303(d) Segment?<br>(Y / N) | Included in TMDL?*<br>(Y / N) |
|-----------------------------------|----------------------------|-------------------------------|
| Unnamed Tributary to Sipsey River | N                          | N                             |
|                                   |                            |                               |
|                                   |                            |                               |

<sup>&#</sup>x27;a TMDL Compliance Schedule is <u>requested</u> the following should be attached as supporting documentation:

<sup>(</sup>i) Justification for the proposed Compliance Schedule (e.g. time for design and installation of control equipment, etc.); (2) Monitoring results for the pollutant(s) of concern which have not previously been submitted to the Department (sample collection dates, analytical results (mass and concentration), methods utilized, MDL/ML, etc. should be reported as available); (3) Requested interim limitations, if applicable; (4) Date of final compliance with the TMDL limitations; and (5) Any other additional information available to support the requested compliance schedule.

#### SECTION J - APPLICATION CERTIFICATION

THE INFORMATION CONTAINED IN THIS FORM MUST BE CERTIFIED BY A RESPONSIBLE OFFICIAL AS DEFINED IN ADEM ADMINISTRATIVE RULE 335-6-6-.09 "SIGNATORY REQUIREMENTS FOR PERMIT APPLICATIONS" (SEE BELOW).

"I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS."

"I FURTHER CERTIFY UNDER PENALTY OF LAW THAT THE RESULTS OF ANY ANALYSES REPORTED AS LESS THAN DETECTABLE IN THIS APPLICATION OR IN ATTACHMENTS THERETO WERE PERFORMED USING THE EPA APPROVED TEST METHOD HAVING THE LOWEST DETECTION LIMIT READILY ACHIEVABLE FOR THE SUBSTANCE TESTED."

SIGNATURE OF RESPONSIBLE OFFICIAL.

DATE SIGNED: 4-6-/5

(TYPE OR PRINT)

NAME OF RESPONSIBLE OFFICIAL:

David Brand

OFFICIAL TITLE OF RESPONSIBLE OFFICIAL Maintenance Superintendent

MAILING ADDRESS:

P.O. Box 686, Fayette, AL 35555

AREA CODE & PHONE NUMBER:

205-932-5826

# SIGNATORY REQUIREMENTS FOR PERMIT APPLICATIONS

### Responsible official is defined as follows:

- 1. In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility
- 2. In the case of a partnership, by a general partner
- 3. In the case of a sole proprietorship, by the proprietor, or
- 4. In the case of a municipal, state, federal, or other public facility, by either a principal executive officer, or a ranking elected official.
- 5. In the case of a private or semi-public facility, the responsible official is either a principal executive officer or the owner of the corporation or other entity.

IND / MUN BRANCH